

DIOCESE OF DAVENPORT
BOARD OF EDUCATION

SERIES 500: STUDENT PERSONNEL

FORM 520.4

MEDICATION INCIDENT REPORT

Student: _____ DOB: _____ Grade: _____

Medication(s): _____ Dosage: _____

Time medication to be administered: _____

Date of incident: _____

Reason for report: (Ex: missed medication, wrong medication, etc. Give detailed report as to how incident happened.)

Action taken/intervention: _____

Name of parent/guardian notified: _____

Time and date of notification: _____

Building nurse notified? Yes No Name of nurse notified _____

Name of building administrator or Teacher in charge notified who was notified: _____

Building administrator/Teacher in charge signature: _____

Printed name of person preparing report: _____

Signature of person preparing report: _____

Follow-up contact/care: _____