MID-DELTA HEAD START
MEDICATION ERROR REPORT

Center: ________________________

Date of error: ____________________  Time of error: ________________

Name of person involved in error: ____________________________

EMPLOYEE

TYPE OF ERROR (6) RIGHTS OF MEDICATION ADMINISTRATION

1. Incorrect Time: __________________
2. Incorrect Medication: ______________
3. Incorrect Dosage: ______________
4. Incorrect Route of Administration: ______________
5. Incorrect Patient Received Medication: ______________
6. Incorrect Documentation: ______________

PERSON WHO DISCOVERED ERROR: ____________________________

NAME

_________________________________

POSITION

DESCRIPTION OF ERROR IN DETAIL: ___________________________________________
__________________________________________________________________________
___________________________________________

Parent Notified: ____________________________  By Whom: _____________________
Date: ____________  Time: ____________

Health Specialist: ____________________________  By Whom: ____________________
Date: ____________  Time: ____________

Physician Notified: ____________________________  By Whom: ____________________
Date: ____________  Time: ____________

ACTION TAKEN: ____________________________________________________________
__________________________________________________________________________
___________________________________________

Signature of person preparing report  Date

________________________________________

Signature of Head Teacher  Date

MDCS (3/00)  HS-23