OREGON CITY SCHOOL DISTRICT
DISTRICT HEALTH SERVICES

MEDICATION ERROR FORM

STUDENT’S NAME: ____________________________________________________________

SCHOOL: __________________________ DATE: __________________________

Please give a description of what occurred, including the medication and dose that were
prescribed, the medication and dose that were given and any other pertinent information.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Was the parent notified? When and by whom? ________________________________

__________________________________________________________________________

Was the student’s doctor notified? When and by whom? _______________________

__________________________________________________________________________

Outcome: __________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: ___________________________________________ Date: ________________

White – Parent / Yellow – School / Pink - Nurse
HS 2.05 (01/09) NCR form