ALBUQUERQUE PUBLIC SCHOOLS
MEDICATION INCIDENT REPORT

NAME: _____ STUDENT NUMBER: _____
LAST FIRST M.

SCHOOL NAME: _____ SCHOOL LOCATION #: _____

HOME ADDRESS: _____ ZIP CODE: _____

GRADE: _____ BIRTHDATE: _____ SEX: MALE _____ FEMALE _____

TIME OF INCIDENT: _____ DATE OF INCIDENT: _____

TYPE OF INCIDENT: (CIRCLE)
Wrong dosage Wrong student Wrong medication Wrong time Unable to locate student

Reported by:
NARRATIVE DESCRIPTION:

PARENT/GUARDIAN Notification YES[ ] NO[ ] By Whom	Date	Time
Comments:		

MD notification YES[ ] NO[ ] By Whom
Comments:

Poison Control notified: (272-2222) YES[ ] NO[ ] Recommendations:

ACTIONS/OBSERVATIONS:

RECOMMENDED PLAN OF ACTION

PLAN OF ACTION COMPLETED

Signature: _____ Date: _____ Time: _____
Supervising Nurse: _____ Date: _____
Principal: _____ Date: _____

ORIGINAL -RISK MANAGEMENT
YELLOW -CUM FOLDER
PINK -NURSING SERVICES
GOLDENROD -NURSE/TEACHER

MEDREPT.11/98