



Box Elder School District
 Dr. Martell Menlove, Superintendent
 O. Jay & Tamra Call Education Center
 960 South Main Street
 Brigham City, Utah 84302

Board of Education
 William Harrison
 Brent Shaffer
 Connie Archibald
 Nancy Kennedy
 Kevin Packer
 Heather Young
 James Fuller

MEDICATION ADMINISTRATION INCIDENT REPORT

STUDENT DATA

Student Name: _____
 Date of Birth: _____

School: _____
 Grade: _____

INCIDENT DATA

Date of Incident: _____

Time of Incident: _____

STAFF INVOLVED IN INCIDENT

Name(s)

Position(s)

LOCATION OF INCIDENT

School Office School Classroom Other (describe): _____

MEDICAL DIAGNOSIS (if known)

STUDENT CONDITION PRIOR TO INCIDENT

Alert/Oriented Agitated Confused Lethargic
 Language Barrier Other: _____

RESPONSE OBSERVED FOLLOWING INCIDENT

No Adverse Effect
 Minor Adverse Effect: _____
 Major Adverse Effect: _____
 Comments: _____

MEDICATION VARIANCE (Check all that apply)

Prescribed Medication: _____ Ordered Dosage: _____
 Medication Missing Medication Omitted Duplication/Extra Dose
 Wrong Dose Wrong Route Wrong Student
 Medication Given, Not Charted Medication Charted, Not Given Adverse Side Effects
 Time Variance Other: _____
 Comments: _____

Office of the School Nurses

Phone: 435-734-4800
 Fax: 435-734-4833
 Web: www.nurses.besd.net

PROCEDURAL VARIANCE (Check all that apply)

- Performed on Wrong Student
- Student Did Not Arrive as Scheduled
- Omission of Procedure
- Blood, Blood-Product/Event (explain): _____
- Other: _____
- Comments: _____

- Improper Preparation of Student
- Staff Did Not Arrive as Scheduled
- Performance Delayed

EQUIPMENT VARIANCE (Check all that apply)

- Equipment Not Available
- Other Malfunction/Defect: _____
- Comments: _____

- Improper Use
- Mechanical Problem

SECURITY VARIANCE (Check all that apply)

- Drug Count Variance
- Damage/Loss of Property (explain): _____
- Other: _____
- Comments: _____

- Drug Keys Variance

NUTRITIONAL VARIANCE (Check all that apply)

- Time Variance
- Omitted
- Duplicated
- Wrong Amount
- Other: _____
- Comments: _____

- Wrong Route
- Wrong Supplement

NOTIFICATION

Person Notifying Parent: _____

Date: _____ **Time:** _____

Parent Name: _____

Time Parent Arrived: _____

Other People Notified

Doctor Name: _____

Time Notified: _____

Administrator Name: _____

Time Notified: _____

RN Name: _____

Time Notified: _____

Time 9-1-1 Called: _____

Other: _____

Comments: _____

REPORT COMPLETED BY

Name: _____

Title: _____

Date: _____

Reviewed By:

Name: _____

Title: _____

Date: _____

FOLLOW-UP

By: _____

Date: _____