

**Mesa Public Schools**  
**MEDICATION INCIDENT REPORT**

\_\_\_\_\_  
(School Name)

**In all cases, this form should be prepared by the school nurse, health assistant, or supervising staff member and signed by the school principal. The original will be sent to Health Services. A copy will be retained by the principal and/or nurse/health assistant.**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Grade \_\_\_\_\_ Room \_\_\_\_\_

Place of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time Noted \_\_\_\_\_ A.M.  
P.M.

Name of Prescribing Physician \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

**Describe the incident, including the sequence of events and names of persons involved:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken: Parent/Guardian Notification Required**

Parent/Guardian Contact Attempted at \_\_\_\_\_ A.M. Parent/Guardian Contacted at \_\_\_\_\_ A.M.  
P.M. P.M.

Poison Control Contacted \_\_\_\_ YES \_\_\_\_ NO Pharmacist Contacted \_\_\_\_ YES \_\_\_\_ NO

Physician Contacted \_\_\_\_ YES \_\_\_\_ NO

Where Taken After Incident \_\_\_\_\_  
(Specify home, physician, hospital—give name and address)

By Whom \_\_\_\_\_ At What Time \_\_\_\_\_ A.M.  
P.M.

**Describe the outcome:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Report \_\_\_\_\_ Health Assistant Signature \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_