



# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

*We educate all children to reach their greatest potential.*

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## Medication Administration Incident Report

A medication error is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Student's address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Occurrence:** \_\_\_\_\_ **Time of Date:** \_\_\_\_\_ A.M. P.M.

**Name of Prescribing Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Route:** \_\_\_\_\_  
**Time Prescribed:** \_\_\_\_\_ A.M. P.M.

**Describe the Event:** (this should be filled out by person making the error)

Use reverse side if necessary

### Notification:

Medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:  Day/Month/Year	Time: <input type="checkbox"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:  Day/Month/Year	Time: <input type="checkbox"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
School Nurse/Other <input type="checkbox"/> Who: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:  Day/Month/Year	Time: <input type="checkbox"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**Outcome:** \_\_\_\_\_

**Print Name of Person Preparing Report:** \_\_\_\_\_

**Signature of Person Preparing Report:** \_\_\_\_\_ **Date:** \_\_\_\_\_