

MEDICATION INCIDENT FORM

Name of Childcare Center:	Classroom:
Child's Name:	DOB:
Date/Time of Incident:	Medication Name:
Staff's Name Completing this Report:	Date of Report:
Site Supervisor/Director:	

CATEGORIES

<input type="checkbox"/> Medication was given to the wrong child	<input type="checkbox"/> Incorrect time of medication
<input type="checkbox"/> Incorrect amount of medication	<input type="checkbox"/> Incorrect route of administration
<input type="checkbox"/> Incorrect medication	<input type="checkbox"/> Child refused or spit the medication
<input type="checkbox"/> Incorrect storage of medication	<input type="checkbox"/> Forgot to give the medication
<input type="checkbox"/> Given expired medication Date expired: _____	<input type="checkbox"/> Missing medication <input type="checkbox"/> parent did not provide <input type="checkbox"/> lost onsite
<input type="checkbox"/> Expired (Choose all that applies) <input type="checkbox"/> consent <input type="checkbox"/> order <input type="checkbox"/> medication <input type="checkbox"/> care plan (annually) <input type="checkbox"/> any changes	<input type="checkbox"/> Adverse reaction to medication. Symptoms: <input type="checkbox"/> Rash <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Body Pain <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Dizziness <input type="checkbox"/> Other _____

REPORT DETAILS

ACTION TAKEN (Choose all that applies)

<input type="checkbox"/> Parent/Guardian notified	<input type="checkbox"/> Licensing notified and LIC 624 submitted
<input type="checkbox"/> Called 911	<input type="checkbox"/> Monitored child until parent/guardian pick-up
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Contacted Poison Control (1-800-222-1222)
<input type="checkbox"/> Other:	

HARM CAUSED

<input type="checkbox"/> No Harm - Near miss; no symptoms; no treatment <input type="checkbox"/> Mild Harm - Symptoms were mild, temporary, and short term <input type="checkbox"/> Moderate Harm - Symptoms required additional treatment or the incident caused permanent harm or loss of function <input type="checkbox"/> Severe Harm - Symptoms required major treatment to save the child's life or the incident shortened life expectancy <input type="checkbox"/> Death - There is reason to believe that the incident caused or hastened child's death (Complete LIC 9187 Death Report Form)
