

**DIOCESE OF DAVENPORT  
BOARD OF EDUCATION**

**SERIES 500: STUDENT PERSONNEL**

**FORM 520.4**

**MEDICATION INCIDENT REPORT**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Time medication to be administered: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Reason for report: (Ex: missed medication, wrong medication, etc. Give detailed report as to how incident happened.)

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

Action taken/intervention: \_\_\_\_\_

Name of parent/guardian notified: \_\_\_\_\_

Time and date of notification: \_\_\_\_\_

Building nurse notified? \_\_\_\_Yes\_\_\_\_No    Name of nurse notified \_\_\_\_\_

Name of building administrator or Teacher in charge notified who was notified: \_\_\_\_\_

Building administrator/Teacher in charge signature: \_\_\_\_\_

Printed name of person preparing report: \_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Follow-up contact/care: \_\_\_\_\_