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	n, wrong medication, etc. Give deta	iled report as to how incident happened.)
Action taken/intervention:		
Name of parent/guardian notified:		
Time and date of notification:		
Building nurse notified?YesNo	Name of nurse notified	
Name of building administrator or Teacher	er in charge notified who was notifie	d:
Building administrator/Teacher in charge	signature:	
Printed name of person preparing report	:	
Signature of person preparing report:		
Follow-up contact/care:		

Policy Adopted: June 7, 2005 Policy Reviewed: May 17, 2010 Policy Reviewed: December 2015 Policy Revised: September 10, 2019 Policy Promulgated: September 13, 2019 Form Revised: March 20, 2020