



Holly Area Schools

Excellence in Action!

Student Medication Error Form

Form to be completed regardless of whether or not the student is sent home.

School Building:

Holly High School Holly Middle School Holly Elementary
 Davisburg Elementary Patterson Elementary Rose Pioneer Elementary
 Karl Richter Campus Administration Building Transportation

Today's Date: _____ Date of Error/Incident: _____ Incident Time: _____
Student Name: _____ DOB: _____ Grade: _____
Parent/Guardian Name: _____ Phone Number: _____
Time of parent/guardian notification: _____
Parent/Guardian Comment: _____

Medication Error

Medication Name: _____

Please select error: Incorrect time Incorrect med
Incorrect Dose Incorrect Student Incorrect Route
Med not given: Other: _____

Description: _____

Immediate Care Given:

911/EMS: Poison Control Contacted: Doctor/Dentist Notified:
Bandage: Ice: Rest: Splint: Food: Other: _____

Comment: _____

Name of person filling out form: _____
Signature: _____ Date: _____

Please send completed form to Shannon in Administration