



**CONCHO VALLEY COUNCIL OF GOVERNMENTS**



CVCOG RURAL HEAD START  
325-944-9666



SAISD HEAD START/  
EARLY HEAD START  
325-947-3703

**Medication Error Report**

|  |              |                              |                   |                        |                |
|--|--------------|------------------------------|-------------------|------------------------|----------------|
| Center   |              | Name                         |                   | DOB                    |                |
| Date & Time of Error                           |              |                              |                   |                        |                |
| Name of Person Administering Medication        |              |                              |                   |                        |                |
| Name of Medication                             |              |                              | Dosage Prescribed |                        |                |
| Medication Given                               |              |                              | Dosage Given      |                        |                |
| <b>Medication Error (check all that apply)</b> |              |                              |                   |                        |                |
| Wrong Medication                               | Wrong Dosage | Wrong Time                   | Wrong Route       | Wrong Child            | Other(explain) |
|  |              |                              |                   |                        |                |
| Describe Circumstances Leading to Error        |              |                              |                   |                        |                |
| Describe Action Taken                          |              |                              |                   |                        |                |
| <b>Signature of Persons Notified of Error</b>  |              |                              |                   |                        |                |
| Center Director/Date/Time                      |              | Health Coordinator/Date/Time |                   | School Nurse/Date/Time |                |
|  |              |                              |                   |                        |                |
| Physician/Date/Time                            |              | Parent/Date/Time             |                   | Other/Date/Time        |                |
|  |              |                              |                   |                        |                |

7/08 Original: will be maintained at the center; copy to Health Manager/Coordinator/Specialist and child's parent