



## Medication Administration Error Record

All areas of this form must be completed. The child’s parent/guardian must be notified immediately of all medication errors. Parent/guardian is encouraged to notify the child’s health care provider (HCP) of any medication administration errors. Contact your Site Supervisor and the Family Program Manager.

This form must be completed in ink, as it is a legal record. Do not use “white out,” correction tape, or eraser to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the Family Program Manager and a copy maintained in the employee’s file.

If more than one child is involved in the error, a *Medication Administration Error Record* must be completed for each child.

Date of Report:	Classroom/Center:	Facility phone #:
Child’s name:	Child’s DOB:	Date and time of error:
Date and time parents/guardian notified:	Date and time HCP notified, or parent encouraged to contact:	Date and time Site Supervisor notified:  Date and time Family Program notified:

<b>Describe the error:</b>
<b>Describe the corrective action taken and outcome:</b>
<b>Statement of how to prevent future occurrences:</b>

**Completed By: (Print)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Examples of medication errors:**

- Incorrect child
- Incorrect route
- Incorrect medication
- Gave an expired medication
- Incorrect time
- Forgot to give medication
- Incorrect dose
- Consent expired