



Medication Error Reporting Form

Child/Youth: _____ Age: _____

Date of Error: _____ Medication: _____ Dosage: _____

Time Due: _____

Reason for report: (check all that apply)

- Missed medication
- Medication not given as prescribed: describe: _____
- Wrong time: _____ minutes EARLY or LATE (please circle one)
- Medication not prescribed to this child/youth
- Other: _____

Provide detailed report of how the error occurred:

List any Witness(es):

Describe how this can be avoided in future/corrected:

Foster Parent's Signature

Date