

**WEBER SCHOOL DISTRICT  
MEDICATION ERROR OR ADVERSE REACTION  
REPORTING FORM**

SCHOOL \_\_\_\_\_

NAME OF SCHOOL PERSONNEL \_\_\_\_\_

DATE AND TIME OF OCCURRENCE \_\_\_\_\_

DATE AND TIME REPORTED TO PARENT \_\_\_\_\_

DATE AND TIME REPORTED TO PHYSICIAN (IF NECESSARY) \_\_\_\_\_

DETAILS OF OCCURRENCE

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FOLLOW-UP

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\_\_\_\_\_  
SCHOOL PERSONNEL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE