



School Health Services Medication Discrepancy Report

Date: _____

<p>Description of Discrepancy: Check the appropriate box and enter the number of units (e.g. pills, tablets, milliliters) by which the count is incorrect.</p>	<p><input type="checkbox"/> Current count (actual medication on hand) is greater than the calculated amount by _____ units.</p> <p><input type="checkbox"/> Current count (actual medication on hand) is less than the calculated amount by _____ units.</p>
<p>Discrepancy Verified: Initial that each action was performed. Each should be verified by two employees. (Use the space on the back to provide the full names for employees who verified the discrepancy.)</p>	<p>____ / ____: The amount listed as the Beginning Count on the Medication Inventory Sheet is the same as the amount listed as the previous Current Count.</p> <p>____ / ____: The math calculations were double checked.</p> <p>____ / ____: The medication was counted again.</p> <p>____ / ____: The student's medication record was checked to determine if the number of doses noted as given appears accurate.</p>

List all employees with access to the medications during the time frame in question:

Describe the reason for the discrepancy. If unknown, write unknown.

On the back of this form document your plan for preventing a future discrepancy. Note whether DHEC Bureau of Drug Control and/or local law enforcement were notified.

Signature of School Principal

Signature of School Nurse

