



**DUVAL COUNTY PUBLIC SCHOOL DISTRICT COUNTY
FLORIDA DEPARTMENT OF HEALTH – DUVAL
SCHOOL HEALTH SERVICES**



Medication Variance Report

Form must be completed the same day the medication variance occurred

INSTRUCTIONS: Fill in form completely and fax to:

- 1. DCPS School Health Services 904-858-3625
- 2. FDOH-Duval School Health Office 904-253-1896

NAME OF STUDENT _____ **BIRTH DATE** _____

PERSON ADMINISTERING MEDICATION AND POSITION _____

DATE AND TIME OF VARIANCE _____ **NAME OF SCHOOL** _____

PRESCRIBED MEDICATION (dosage, route, and time as listed on the Medication Administration Authorization Form)

Type of Variance:

- | | | |
|--------------------------|-------------------------------------|-------------------|
| 1. Wrong Route | 4. Wrong Medication | 7. Parent Error |
| 2. Wrong Dose/Extra Dose | 5. Medication not Given/Missed Dose | 8. Pharmacy Error |
| 3. Wrong Student | 6. Wrong Time (see instructions) | 9. Other _____ |

Location: Health Room Off Site _____ Other _____

Description of Incident:

Medication Variance Report – Instructions for Use

Violation of any of the six (6) Rights of Medication Administration is considered a medication error or variance, requiring completion of a Medication Variance Report the same day the variance has occurred or is discovered.

If a student receives an incorrect drug or dru