

**YOUNG MARINES  
Medication Incident Report**

PLEASE PRINT (*Complete and retain for unit records*)

**PART I: Young Marine's Personal Information**

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

**PART II: Young Marine's Unit Information**

Young Marine Unit Name \_\_\_\_\_  
Unit Commander Name \_\_\_\_\_  
Unit Commander's Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

**PART III: The Incident and Surrounding Circumstances**

Incident involved one or more of the following (Circle one): **//Incorrect Dosage//**  
**//Medication given at incorrect time (>1/2-hr) //Dosage missed //Incorrect Medication given//**

Date of the Incident \_\_\_\_\_ Approximate Time of the Incident \_\_\_\_\_

Location of the incident \_\_\_\_\_

Provide a short description of how the incident occurred: (Include name of drug, dose, and any reaction. Use the back of this form to complete the description).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the parent or legal guardian notified of the incident? **Yes //No** (circle one) *If yes, by whom?*

Name \_\_\_\_\_ Status \_\_\_\_\_

Was hospital/emergency care required? **Yes // No** (circle one) *If yes, submit Young Marine Injury Report, Attending Physician's Statement, other medical documents to Young Marines National Headquarters.*

**PART IV: Unit Commander or Registered Adult in-Charge Certification**

I certify this incident occurred during a scheduled Young Marine activity and under the supervision of Registered Adults designated by me to act as the Activities Medical Officers. They were acting in accordance with the Standard Operating Procedures established in Appendix D of the Registered Adult Manual. To the best of my knowledge the information provided is correct and true.

UC/RAC Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

(YMMEDFORM6)

