



YMCA  
BC

## Epi Pen / Puffer Medication Record

A copy of the doctor's note describing the instructions for administering the medication must be attached or the child's physicians must review and accept the medication instructions below by signing this form acknowledging that the instructions are correct.

If the child carries their own Epi Pen and/or Puffer a doctor's note or the doctor's comment sections on this form should indicate; that the child may carry and administer their own Puffer and/or Epi Pen medication if required.

Name of Child:		
Purpose of Medication:		
Medication Name	Medication Expiry Date	Dosage
Date Prescribed/Purchased:		Time of last dose
Times to Administer:	Medication Storage Location	

Side effects (state if none; the pharmacist's information sheet can be attached to this form if given): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for the Staff of the YMCA BC Child Care to administer the above medication to my child at the times specified according to the Doctor's instructions (attached).

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Staff: \_\_\_\_\_



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Please note: If the prescription label is attached directly to the puffer or Epi Pen with the patients full name and prescription information a physician is not required to complete the information below.

To be completed by the Child's Physician (or attach a separate note from the Physician)

I, \_\_\_\_\_ the physician of \_\_\_\_\_  
agree that the medication listed above is to be administered as per the written instructions above.

Additional Physician's Instructions or comments:

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Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Updated January 2023