NARCAN ADMINISTRATION FORM

Student Demographics		
Student Name: _____	**ID**: _____	Date of birth: _____
Date: _____	School Name: _____	
Location where incident started: _____		

Symptoms Observed/Reported:					
Unresponsive	☐ Yes	☐ No	Pinpoint Pupils	☐ Yes	☐ No
Slow or no breathing	☐ Yes	☐ No	Snoring/gurgling sounds	☐ Yes	☐ No
Blue/grey lips	☐ Yes	☐ No	Pale/clammy skin	☐ Yes	☐ No
Blue/grey fingertips	☐ Yes	☐ No	Slow heartbeat	☐ Yes	☐ No
Other: _____					

Narcan Administration:	
Dose #1 Time: _____ Response: ☐ Improved ☐ No Change ☐ Worse Other: _____ Administered by: _____	Dose #2 Time: _____ Response: ☐ Improved ☐ No Change ☐ Worse Other: _____ Administered by: _____

Action Taken:	**First Aid**
☐ 911 Called at _____ (time) EMS Arrived: _____ (time)	☐ Legs Elevated ☐ Seated ☐ CPR Other: _____

Vital Signs					
Time: _____	B.P. _____	/ _____	Pulse: _____	Respirations: _____	O2 sat: _____
Time: _____	B.P. _____	/ _____	Pulse: _____	Respirations: _____	O2 sat: _____
Time: _____	B.P. _____	/ _____	Pulse: _____	Respirations: _____	O2 sat: _____

Disposition:	
☐ Student released to parent/guardian ☐ Student transported to Emergency Department	☐ Advised to follow up with healthcare provider ☐ Other: _____

Parent/Guardian Notification:		
Who was contacted: _____	Date: _____	Time: _____
Method of contact: ☐ Phone ☐ Talking Points ☐ Email ☐ Other: _____		
Who contacted parent/guardian: _____		

Form Completed by:
Who completed the form: _____

Updated 4/15/26