

## Naloxone Agency Form

I am a representative of an agency that responds to emergencies involving individuals who may be at risk of experiencing an opioid-related overdose or to emergencies that may place the first responder at risk for exposure to opioids.

Agency Name: \_\_\_\_\_

Write in the box the facts that support the statement check above (this information will be kept confidential, but it is needed to verify your need for naloxone):

I have received information on how to recognize and respond to a possible opioid overdose.

I have received basic instructions on how to administer naloxone.

I will ensure that all persons within my agency who access or who may at some time administer naloxone are trained.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**First Responder Agency Form**  
**Naloxone (Narcan®) Nasal Spray Distribution**

NUMBER OF KITS REQUESTED: \_\_\_\_\_

AGENCY PRIMARY CONTACT: \_\_\_\_\_

AGENCY PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY STREET ADDRESS: \_\_\_\_\_

**Must be physical address – post office boxes are not permissible.**

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_