

Narcan® Agency Request Form

Agency Name: _____

In the box below, please describe the requestor's need for Narcan. This information will be kept confidential but is required to process your request.

To access the most recent Narcan education and access training video, please visit www.Narcan.com.

Signature: _____

Date Signed: _____

Print Name: _____

Date of Birth: _____

Narcan® Nasal Spray Distribution

NUMBER OF KITS REQUESTED: _____

AGENCY POINT OF CONTACT: _____

AGENCY POINT OF CONTACT EMAIL ADDRESS: _____

AGENCY NAME: _____

AGENCY STREET ADDRESS (No P.O. BOX): _____

CITY: _____ ZIP: _____ COUNTY: _____

CONTACT PHONE NUMBER: _____

Important Information:

Your agency must establish a point of contact who will be responsible for completing all necessary forms to obtain Narcan. Agency request forms must be returned to narcanadmh@mh.alabama.gov.

Delivery for each request will be determined by the physical distance in which kits will need to be delivered, the quantity requested and the requesting agency. The requesting agency will be notified once the request is approved. Some requesting agencies will need to pick up their kits from ADMH at 100 North Union Street, Suite 420, Montgomery, AL 36104.

Expired kits should be reported to narcanadmh@mh.alabama.gov.

As kits are administered, the point of contact for your agency is responsible for sending the information listed below. Information should be sent to narcanadmh@mh.alabama.gov.

- Date/Time naloxone was administered
- Age/Race of recipient
- Nonfatal or Fatal results following administration of naloxone
- Number of doses administered
- Name and phone number of point of contact requesting the replacement.

Replacement kits will not be approved unless the required information is received.

By signing below, you are agreeing to comply with the terms in the box above.

Signature: _____

Date Signed: _____

Print Name: _____

Date of Birth: _____