

## Narcan® Agency Request Form

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

Write in the box below the facts that support your agency's need for Narcan (this information will be kept confidential, but is required to verify your need for Narcan):

To access the most recent Narcan education and access training video, please visit [www.Narcan.com](http://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:

It is important that your agency establishes 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](mailto:narcanadmh@mh.alabama.gov).

Delivery for each request will be determined by the physical distance that kits need to be delivered, the quantity requested and the requesting agency. The requesting agency will be notified once the request is approved. Some agencies requesting 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](mailto: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](mailto:narcanadmh@mh.alabama.gov).

- Date/Time administered
- Age/Race of recipient
- Nonfatal or Fatal results
- 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 agree to comply with the terms in the box above.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_