

Request for Naloxone Harnett County Health Department

Please complete the requested information below and submit to the Harnett County Health Department in person or via email to narcan@harnett.org. Your request will be reviewed within seven business days.

Date of Request

Organization Name

Point of Contact Name

Phone Number

Email Address

Mailing Address

Is your organization a 501(c)(3) non-profit? No Yes If yes, list 501(c)(3) number: _____

Why is your organization requesting Naloxone?

To have in case of emergency To distribute to clients/public Other: _____

How many Naloxone twin pack nasal spray kits is your organization requesting? _____

If requesting kits for distribution, briefly describe your plan including method of education and date(s) of distribution event(s). *If you are requesting more than 40 kits, please provide justification.*

In order to receive Naloxone for distribution, you must meet the eligibility criteria outlined in Harnett County's Naloxone Distribution policy and agree to the following provisions:

- All Naloxone distribution will occur in Harnett County.
- Upon distribution, you will provide education regarding signs of an opioid overdose and how to use Naloxone.
- You may not charge any fee in exchange for Naloxone.
- You must submit aggregate data to the Health Department before another allocation may be issued. Aggregate data contains no identifying protected health information and consists only of the zip code of the recipient and number of kits given.

By signing below, you agree that all the above information is correct, and you agree to all provisions listed.

Signature

Date

Review to be completed by Health Director or designee.

For Harnett County Health Director or designee to complete upon review:

Doses Approved: _____

Doses Denied: _____

Notes:

Signature of Health Director or Designee

Date Reviewed

For Harnett County Health Department (HCHD) staff member to complete upon pick-up:

Date of Pick-Up: _____

By signing below, I acknowledge that I am obtaining ownership of _____ kits of Naloxone twin pack nasal spray. On behalf of my organization, I agree to adhere to Harnett County's Naloxone Distribution policy and the provisions listed on the previous page.

Printed Name of Individual Picking Up

Signature of Individual Picking Up

By signing below, I agree that I released _____ kits of Naloxone twin pack nasal spray to the individual above.

Printed Name of HCHD Staff Member

Signature of HCHD Staff Member