

**Indian Health Service
First Responder Naloxone Program
Standing Order**

This serves as the Standing Order authorizing the dispensing and administration of [INSERT NALOXONE PRODUCT HERE] as indicated below:

1. The [INSERT FACILITY NAME] is authorized to dispense [INSERT PRODUCT HERE] to first responders (as defined in the Indian Health Manual, Part 3, Chapter 35: Dispensing of Naloxone to First Responders and Community Representatives) for emergency use.
2. First responders are authorized to administer [INSERT PRODUCT HERE] to individuals whom they believe in good faith are suffering from opioid overdose.

Medical Control Provider

[INSERT PROVIDER NAME HERE]
[INSERT ADDRESS HERE]

[INSERT FACILITY PHONE NUMBER]

[INSERT FACILITY FAX NUMBER]

Medical Control Provider Signature: _____

Date: _____

Return form to:

Phone Number:

Fax Number: