

**U.S. Department of Health and Human Services
Indian Health Service
Naloxone Acquisition Form**

Date of Issuance: _____

1. The Indian Health Service (IHS) facility, _____, under the direction of, _____, the local Medical Control Provider (MCP) will dispense Opioid Overdose Kits containing naloxone to the _____, First Responder.
2. The pharmacist (or designee), _____, has confirmed that the First Responder, _____, has completed the MCP-approved naloxone and opioid overdose training and competency.
3. First responders are instructed to:
 - Store naloxone out of direct light and keep at room temperature (59 to 86 degrees Fahrenheit);
 - Visually inspect naloxone and check for expiration prior to each shift;
 - Replace expired or damaged naloxone at an IHS Pharmacy; and
 - If the naloxone is deployed in an incident, the First Responder should return to the IHS pharmacy for a refill and complete the Naloxone Deployment Reporting Form.
4. The Opioid Overdose Kit contains at least one of the following (select all that apply):
 - Intranasal naloxone
 - Auto-Injector naloxone for intramuscular or subcutaneous administration
 - Naloxone injection syringe and mucosal atomizer device for intranasal administration
5. The Opioid Overdose Kit may also contain the following (select all that apply):
 - Naloxone administration instructions
 - Gloves
 - Face shield to provide rescue breathing
 - Other: _____
6. Reason for Replacement Kit (select one):
 - Used for an emergency (must also complete the Naloxone Administration Reporting Form)
 - Expired
 - Damaged (describe) _____
 - Lost (describe) _____
7. Lot Number: _____ Expiration Date: _____

(Print)

(Print)

(Signature)
Pharmacist (or designee)

(Signature)
First Responder
Contact Phone No.: _____

The completed form will be filed in the IHS Pharmacy.