

**U.S. Department of Health and Human Services
Indian Health Service
Standing Order for Naloxone**

This serves as the Standing Order authorizing the dispensing and administration of naloxone as indicated below:

1. The Indian Health Service facility, _____, is authorized to dispense _____ to trained First Responders for emergency use in the field.
2. The _____ contains:
 - a. _____ doses of naloxone to be given by _____; and
 - b. The toolkit additionally includes: _____
3. Trained First Responders are authorized to administer naloxone to individuals whom they believe, in good faith, are suffering from opioid overdose.
4. Address where naloxone training records will be located:

Indian Health Service Facility: _____

Address: _____

City, State, and Zip Code: _____

List any restrictions to this Medical Authorization, if applicable: _____

Medical Control Provider (MCP) / Clinical Director Name: _____

Indian Health Service Federal Facility: _____

Address: _____

City, State Zip Code: _____

Phone Number: _____ Date: _____

Medical Control Provider (MCP) / Clinical Director Signature: _____

File Form in Pharmacy Program:

Indian Health Service Federal Facility: _____

Pharmacist-in-Charge: _____

Address: _____

City, State Zip Code: _____

Phone Number: _____ Date: _____

Pharmacist-in-Charge Signature: _____

The completed form will be filed in the IHS Pharmacy.