



Rose Mary Rahn, BSN, PHN
Director

Milton Teske, MD
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



Narcan (Naloxone) Distribution Site Attestation Form

1. Site Information

- **Site Name:**
- **Address:**
- **City:**
- **State:**
- **ZIP Code:**
- **Contact Person:**
- **Contact Phone Number:**
- **Contact Email Address:**

2. Site Description

- **Type of Facility:** (e.g., Clinic, Pharmacy, Community Organization, etc.)
- **Hours of Operation:**
- **Number of Staff Members Involved in Distribution:**

3. Attestation

I, the undersigned, attest that:

1. Authorization and Compliance:

- The site is authorized to distribute Narcan (naloxone) in accordance with local, state, and federal regulations.
- The site will adhere to all relevant guidelines and requirements for the distribution of naloxone.

2. Training and Education:

- Staff members involved in the distribution of Narcan will receive appropriate training on naloxone administration, including recognizing signs of an opioid overdose and using naloxone effectively.
- The site will maintain records of dates staff members complete initial education and date of annual training.



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- The site will provide educational materials to individuals receiving Narcan to ensure they understand its proper use.

3. Record Keeping:

- The site will maintain accurate records of all naloxone distributions, including quantities distributed, and dates of distribution, number of reversals.
- The site will comply with any reporting requirements set forth by local or state health authorities.

4. Storage and Handling:

- Naloxone will be stored and handled according to manufacturer recommendations and any applicable regulations to ensure its efficacy and safety.

5. Community Engagement:

- The site will actively engage with the community to promote awareness about naloxone and its role in combating opioid overdoses.
- The site will collaborate with local health authorities and organizations to support broader public health efforts related to opioid overdose prevention.

4. Signature

- **Name of Authorized Representative:**
- **Title:**
- **Signature:**
- **Date:**

5. Submission

Please submit this completed form to