

## Adapt Pharma School Narcan (naloxone) Grant

**ALL FIELDS ARE REQUIRED FOR CONSIDERATION**

### School Information

School Name			
Date:	.	Telephone:	.
Address:			
County:	.		
School Principal:	.		
Medical Director:	.		
	<u>Name &amp; Medical License Number</u>		

### School Nurse Information

Name :			
Phone:	.	Email:	.

### Please Provide the Following with the Completed Application

<input type="checkbox"/>	Letter requesting Narcan (naloxone) donation (on Agency letterhead signed by an officer of the organization)
<input type="checkbox"/>	Standing Order from Medical Director/Documentation school is authorized to carry Narcan (naloxone)
<input type="checkbox"/>	School Narcan (naloxone) Policy.
<input type="checkbox"/>	Narcan (naloxone) Training: <b>By checking the box, you attest school nurse(s) permitted to administer Narcan (naloxone) have taken the approved trainings.</b>