



Naloxone Acknowledgment Agreement

*This form must be filled out and given to your pharmacist in order to acquire naloxone. Before filling out this form, be sure you have read, reviewed, and understand all risks, benefits, and appropriate uses of naloxone. **If you need to review such materials and to learn more about where to find substance abuse detox, treatment and recovery, return to www.HelpisHereDE.com for the information or speak with your pharmacist.***



The information below is required, including signature*, in order to purchase naloxone:

_____ New

_____ Refill

Was used: _____ (Month/Year)

Expired on: _____ (Month/Year)

Training Received:

___ in-person at community training

___ from videos on HelpisHereDE.com

___ at pharmacy/from healthcare provider

___ other: _____

* By signing this form, I acknowledge:

- I have read, reviewed, and understand how, when, and to whom to administer naloxone.
- I understand that administering naloxone is not a substitute for professional medical assistance.
- I understand that after calling 911 and administering naloxone it is still vital that the victim receive an immediate medical evaluation.
- I understand that I may be protected under the Delaware Good Samaritan Law when requesting medical attention for someone who has suffered an opioid overdose.

Signature: _____

Date: _____

Pharmacy ONLY: Fax completed forms to 302-223-1330.