



Naloxone in Public Schools REPORTING FORMS

Federal dollars supporting Naloxone training and distribution have been used to supply schools with Naloxone Nasal Spray. The Department of Health collects and reports all Naloxone administered as part of opioid-related grants where Naloxone has been purchased and distributed.

Please complete the below section, scan, and email this form to Naloxone@state.sd.us. Also, indicate if you would like to request replacement naloxone. The Department will provide replacement Naloxone as part of this grant until funds have been exhausted. Questions can also be directed to the Department of Health at 605-773-4031.

School representative completing this form:

Last Name: _____

First Name: _____

School Name: _____

Phone Number: _____

Patient/Student Information (Please do not include any patient/student identifiers in this reporting).

Date Naloxone Given: _____

Time Given: _____

Gender of Patient: Male Female

Age of Patient: _____

Race of Patient: _____

Number of doses given: _____

Patient Condition: Improved No Change Worsened

Who Administered Naloxone (RN, Coach, Counselor, etc.)? _____

Did EMS Respond to incident: Yes No

Did Law Enforcement Respond to incident: Yes No

Was patient transported to a hospital/ED: Yes No

Signed: _____

Date: _____