

COMMISSIONERS  
*THOMAS C. CHERNISKY*  
PRESIDENT  
*WILLIAM J. SMITH*  
*SCOTT W. HUNT*



*FREDERICK R. OLIVEROS*  
ADMINISTRATOR

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*Phone: 814-536-5388*  
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## *Drug and Alcohol Program*

### **Naloxone (Narcan) Request Form**

Department or Company Name: \_\_\_\_\_

Number of Naloxone doses requested: \_\_\_\_\_

Designated Naloxone Manager name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Chief/Administrative Authority Signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)