



**Overdose Education and Naloxone Distribution Program  
Receipt of Naloxone Stock**

**1. Partnering Agency:**

**2. Receipt of Naloxone**

| Naloxone Information                                     |                                   | Documentation of Receipt (please print) |                                   |
|--|-----------------------------------|---|-----------------------------------|
| Lot #  |                                   | Date of Receipt                         |                                   |
| Expiration Date:   |                                   | Received From:<br>(CCPH Program Staff)  |                                   |
| # of Kits Received<br><i>*Two units included per kit</i> |                                   | Address:                                | 420 Market Ave N, Canton OH 44702 |
| Type of Naloxone   | 4mg/0.1 mL Narcan®<br>nasal spray | Received By:<br>(Name/Title)            |                                   |

**3.** Your signature below indicates that your organization is a Partnering Agency as defined by CCPH standing orders, and has a current Partnership Agreement with CCPH to personally furnish naloxone under CCPH’s protocol. By signing, you are confirming that the inventory information above is correct. This inventory information will need to be added to the Agency’s current naloxone inventory log.

**4.** Additional information regarding receipt:

\_\_\_\_\_   
 [Signature]

\_\_\_\_\_   
 [Date]