



## Naloxone in High Schools Project Reporting Form

Federal dollars supporting Naloxone training and distribution have been used to supply high 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](mailto: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.

### **High 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, Councilor, 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: \_\_\_\_\_