



**Lorain County**

Date and time administered: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Officer or person administering Narcan/Dosage (Ex; 1 vial)

\_\_\_\_\_/\_\_\_\_\_

Name of person receiving Narcan:      Date of birth:

\_\_\_\_\_/\_\_\_\_\_

Brief overview of events: (To include results of administration)

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Signature and date : \_\_\_\_\_/\_\_\_\_\_

*Copies:*

Law Enforcement Agency

Pharmacy

Lorain County ADAS Board

- Please fax to ADAS (440) 282-9928 no later than the first business day of the month for reporting compliance