



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**

## **Naloxone Acknowledgment Agreement**

*This form must be filled out and completed at point of sale. Before filling out this form, be sure you have consulted with the patient on how to use naloxone and reviewed the risks, benefits, and appropriate uses of naloxone. **Please include informational handouts about where to find substance abuse detox, treatment and recovery on the state-run website, [www.HelpisHereDE.com](http://www.HelpisHereDE.com).***



**Fill out the required information below and at the bottom, sign to acknowledge you have reviewed all information with the patient:**

New

Refill

Was used:

Expired on:

Training Provided (check all that apply)

in-person at community training

from videos on HelpisHereDE.com

at pharmacy/from healthcare provider

other:

*\* By signing this form, I acknowledge:*

- *I have reviewed with patient how to recognize and respond to an opioid overdose including providing rescue breathing and administer naloxone.*
- *I have included information on:*
  - *It is not a substitute for emergency care and 911 must be called.*
  - *I have reviewed the Delaware Good Samaritan Law with patient.*

Store:

Number:

Name:

Signature:

Date:

***Email forms to OHCR Resource Box at [OHCR@Delaware.Gov](mailto:OHCR@Delaware.Gov) or Fax to 302-223-1330. Include Pharmacy Naloxone Acknowledgement Agreement Form in subject line.***