



**NARCAN REPLACEMENT FORM – FIRST RESPONDERS**  
 CENTRAL VALLEY HEALTH DISTRICT  
 Health Promotion Department  
 HP 300 (04/2026)

**INSTRUCTIONS:** Please complete this form if you have recently administered Narcan and/or are requesting replacement of Narcan. Return this completed form to [cpickard@nd.gov](mailto:cpickard@nd.gov) at Central Valley Health District.

**DEFINITIONS:**

- A “dose” of Narcan refers to a single dose of Narcan nasal spray.
- A “box” of Narcan includes a total of two (2) doses of Narcan nasal spray.

FIRST RESPONDER INFORMATION	
Name:	Organization:

REASON FOR REPLACEMENT
<input type="checkbox"/> Narcan was administered to an individual with a suspected or known overdose <input type="checkbox"/> Narcan was expired or damaged (skip to Narcan Replacement section) <input type="checkbox"/> Other (please explain):

INCIDENT DETAILS	
Date of Incident:	City of Incident:
Number of <b>doses</b> given:	<b>Describe the environment Narcan was given:</b>
<b>Did the recipient survive?</b>	<input type="checkbox"/> Private residence (house, apartment, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Public location (public restroom, library, hotel, etc.)
	<input type="checkbox"/> Other:

NARCAN REPLACEMENT	
Number of new Narcan <b>boxes</b> requested:	<input type="checkbox"/> N/A
Number of Narcan <b>doses</b> expired or damaged:	<input type="checkbox"/> N/A

ADDITIONAL COMMENTS (OPTIONAL)

OFFICE USE ONLY:	
Date Received:	Date Replaced: