



Emergency Response Plan Checklist for Naloxone (EPS Policy 3425)

Update Due Annually by October 1st

This form is to be completed annually. Keep a copy of completed form with Naloxone and forward the original completed form to the Student Support Services Attn: Health Services Supervisor before October 1st of each school year.

Name of School:

School Year:

Standing Order for Naloxone

Prescribing Provider:	
Date of Signature:	
Expiration Date:	

Naloxone Information

Location of Dose(s):	Number of Doses at Location:	Expiration Date of Dose(s):	Route of Administration:

Naloxone Designated Trained Responders (NDTRs)

Name of NDTR	CPR/AED Certificate Expiration Date	Date Annual Training Completed	Type of Training	Name of Trainer/ Training Organization

Additional Checklist Items

- ☐ Signage for identifying Naloxone location on emergency medication cabinet.
- ☐ Naloxone Administration Flow Chart, Administration Record & Reporting Sheet stored with medication.
- ☐ Additional supplies (e.g. barrier masks mask, gloves, etc.) stored with medication.
- ☐ Staff assigned to complete required daily/monthly check(s) and logs filed in Health Room.
- ☐ All building staff members notified of Naloxone location and procedures.
- ☐ NDTR training documents completed and filed in Health Room.

Building Safety Administrator Signature

Date