

Naloxone Registration Form

This program registers organizations to purchase naloxone through the MCHD Pharmacy after attending a Naloxone Train-the-Trainer session. This program trains employees or volunteers of community-based organizations to, in turn, train employees and volunteers to use naloxone in the case of an opioid overdose. Once trained according to the MCHD training manual, OHA training protocols, and OARs, an organization may have naloxone medication on-site for use in an overdose emergency and any trained staff or volunteers may administer it. Dr. Jennifer Vines and Dr. Ann Loeffler, Multnomah County Health Officers, provide medical oversight of the trainings for organizations participating in this program.

Name of Organization: _____

Address: _____

City, zip code: _____

Manager/Director: _____

Name of staff attending training (Lead Trainer): _____

Phone number to inform organization when naloxone is ready for pick up: _____

Our organization will send to _____ the Naloxone Train the trainer
session on _____
Lead Trainer
Date of Training

_____ agrees to support staff member in attending the train-the-
Manager/Director
trainer and training the staff and volunteers of _____
Name of Organization

Signature: _____
Manager/Director

_____ agrees to train appropriate staff according to the Oregon
Lead Trainer
Health Authority Opiate Overdose Treatment: Naloxone Training Protocol, and the MCHD
Training manual.

Signature: _____
Lead Trainer

The following people have permission to pick up naloxone for _____
Name of Organization

- _____ (Lead Trainer)
- _____
- _____
- _____
- _____

Naloxone picked up on the day of the Train-the-Trainer may be picked up at:

Southeast Health Center Pharmacy
3653 SE 34th Ave
Portland, OR 97202

If picking up naloxone after the day of the Train-the-Trainer or for refills, please pick up at:

Westside Pharmacy
619 NW 6th Ave, 1st Floor
Portland, OR 97209

Choose a type of naloxone, both required purchasing two doses (1 kit = 2 doses):

Amphastar Naloxone (*Additional purchase of atomizer required*)
2mg/2mL
Total Price: \$82* (*2 doses and 2 atomizers*)

Adapt Nasal Narcan
4 mg/2 mL
Total Price: \$90*

**Prices change quarterly*

Include Face Shield in Naloxone Kit (see instructions for example)

Number of kits: _____

On behalf of _____ I agree to pay the invoice.
Name of Organization

Signature of Manager/Director: _____

Organization shall defend, save, hold harmless, and indemnify County and its officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever, including attorneys fees, resulting from, arising out of, or relating to the activities of Organization or its officers, employees, subcontractors, or

agents under this Contract. Organization shall have control of the defense and settlement of any claim that is subject to this section. However, neither Organization nor any attorney engaged by Organization shall defend the claim in the name of County or any department of County, nor purport to act as legal representative of County or any of its departments, without first receiving from the Multnomah County Attorney's Office authority to act as legal counsel for County, nor shall Organization settle any claim on behalf of County without the approval of the Multnomah County Attorney's Office. County may, at its election and expense, assume its own defense and settlement.

Please send invoice to:

Name of Organization: _____

Person to address invoice to: _____

Billing Address: _____

City/State/Zip Code: _____

If a naloxone refill is needed, please contact:

Kelsi Junge

kelsi.junge@multco.us

503-318-7453