

# Opioid Request



**GILCHRIST COUNTY**  
**FIRE RESCUE**

www.GilchristFire.com  
rclemons@gcfr.org

## Personal Information

**Full Name:**  **Date of Birth:**

**Address:**

**Email:**  **Phone:**

**Best Time to Call**

## Questionnaire

- I am a resident requesting Substance/Opioid abuse resources and support.
- I have been affected by the substance abuse of a friend or family member and would like resources and support.
- I am a resident requesting Narcan.

**Please list any Special Concerns or notes:**

**Please list any safety concerns for our Paramedic:**

## FOR EMERGENCIES CALL 911

Please note:

This form does not replace a well-person check. A standard well-being check should still be handled through the Gilchrist County Sheriff's Office at 352-463-3410

Please report any suspected abuse or neglect to the Florida Department of Children and Families at <https://www.myflfamilies.com/services/abuse/abuse-hotline>