## Prescription Medication Operation Medicine Drop

## **Event Request**

## This form shall be submitted a minimum of 30-days prior to the date of the scheduled event.

Organization:			_Date:
Address:			
Requestor Name:			
Telephone:		_ Email Address:	
EVENTINFORMATION			
Day of the Week Preferred:		Date of Ev	vent:
Description of Venue :			
Physical Address of Event :			
Contact Person:			
Mobile Telephone:			
Event Start Time: I AM	D PM	Event End Time:	і АМ 🗍 РМ
Age Group and Number of Attendees:			
Will Spanish information be needed:			
Please Select Type of Event Requested:			
Medication Safety	□ Opera	ation Medicine Drop	□ Harm Reduction Education
Substance Use Education	🗆 Spani	sh Education Classes	
Other Request:			
Description of program type requested and/or any special considerations for the group (i.e., special needs)?:			
[			
Requestor Signature:			Date:
Please Send Completed Request to Email Address: kristin.klinglesmith@cabarrushealth.org			
Healthy Cabarrus/Kristin Klinglesmith 300 Mooresville Road, Kannapolis, NC 28081 Telephone: (704) 920-1284			
This program is a joint partnership between Concord Fire Department, Cabarrus County Sheriff's Office, Kannapolis Police Department, Concord Police Department, Safe Kids Cabarrus, and Healthy Cabarrus Substance Use Coalition.			