

Insert agency name

Insert logo

Insert address

FOR IMMEDIATE RELEASE

(Insert date)

For information, contact:
(Insert contact information)

****Radio PSA****

Agency: _____

Topic: _____

The (insert county name) Health Department's medication dispensing site located at (insert location) will be closing (insert date) at (insert time). If you were exposed to (insert what it is) and have not received your medication, local public health officials encourage you to do so as soon as possible. If you have already received your medication, please stay tuned to local media outlets for more information in the coming days. Remember, if you have not received your medication and will be going to the dispensing site; please adhere to the following instructions: Bring a (insert form name) form which will contain information to insure you receive the appropriate medication. If you are picking up medication for someone, please bring the form for him or her, also. Do not bring anyone with you who does not need medication unless absolutely necessary. If possible, before you leave home, please check with neighbors and co-workers to make sure they have received this message. If you can't get to (insert dispensing site location) and can't contact a friend or family member to take you, please call (insert phone number). At the dispensing site, you will receive appropriate medicine. Do not bring weapons to this site. Security will be on hand for your protection and the protection of others. There is enough medicine for all involved. For more information, please listen to this station.