

Insert agency name

Insert logo

Insert address

FOR IMMEDIATE RELEASE

(Insert date)

For information, contact:
(Insert contact information)

****Radio PSA****

Agency: _____

Topic: _____

(Insert event information)

(Insert the health department name) will open a medication dispensing site to be used to provide proper medications to those who may have been exposed. If you are a designated volunteer to help with staging and distribution of medications and supplies or will be picking up medicine for special needs groups, please call **(insert name of health department and phone number)**. If you believe you were exposed to **(insert biological agent)** or in **(insert location of event)**, please go to **(insert dispensing site location)** between the hours of **(insert time)** on **(insert date)**. Persons needing medications should bring with them: a Head of Household form which will contain information to insure you receive the appropriate medication. If you are picking up medication for someone, please bring the Head of Household 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.