

NALOXONE AUTHORIZATION FORM

For additional youth substance use education, prevention, intervention trends, and available division and county support, please visit the [FCPS Alcohol, Tobacco and Other Drug Programs](#) and [Fairfax County Youth Substance Use Trends and Supports Webinar](#) pages.

I consent to the student named above to carry Naloxone under the aforementioned conditions.

Parent / Legal Guardian / Student Over 18 Name	Signature	Date
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Approved:

Substance Abuse Prevention Specialist	Signature	Date
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Principal Name	Signature	Date
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