

## NALOXONE AUTHORIZATION FORM

In alignment with FCPS <u>Regulation 2151: Management of Naloxone Administration in Schools</u>, students requesting permission to carry naloxone spray must provide signed consent from a parent or legal guardian. Parental consent is not required for students over the age of 18; however, students over the age of 18 must still complete and submit this form and agree to the provisions therein.

This form is to be completed by the parent or legal guardian for any student under the age of 18 requesting authorization to carry this life-saving medication during the school day to be administered to others in the event of an emergency. Students over the age of 18 should complete this form themselves.

This form will be submitted to and reviewed by the Substance Abuse Prevention Specialist (SAPS). Following principal approval, this authorization form will be maintained by the SAPS for the duration of the school year and a copy will be provided to the School Public Health Nurse (PHN).

DISCLOSURE: Students are not covered by the School Board liability insurance in the event they are sued for improperly administering Naloxone.

SECTIO	ON 1: STUDENT INFO	RMATION		
Student	Name			
Last Date of Birth		First	Middle	
		School Year	Grade	
Month	Day	Year		
SECTIO	ON 2: CONFIRMATION	OF REQUIRED NALOXONE TRAINING		
Ι	Name of Parent/Leg	al Guardian or Student Over the Age of 18	affirm that the student named above	
complet	ed an approved training in	the administration of Naloxone on		
	<u>Please atta</u>	ch documentation / certification of completion	Date of Training a to this form when submitted.	
SECTIO	ON 3: PARENT/LEGAL	GUARDIAN CONSENT		
In orde	r for the student named	above to carry Naloxone during the school da	y, I affirm the following:	
	The student has been administer Naloxone.	trained to understand and can recognize the sign	ns and symptoms of an overdose and how to use and	
		een prescribed Naloxone by a medical provider stered to others in the event of an emergency.	and elects to carry this life-saving medication so	
	and a Health	ny student requiring use of Naloxone as prescri Care Plan (HCP) must be developed by the Publ 02, First Aid, Emergency Treatment, and Admi		
		ing the school day in its original container with	eir person, in their personal belongings, or their manufacturer labeling in compliance with the drug	
	suspected of having a	ptly notify FCPS staff in the event that Naloxon n opioid-related drug overdose and emergency a rther medical attention.	ne has been administered to a student, staff or visitor services (911) will be called to ensure that the	
			cy medication, the principal may revoke permission to and Substance Abuse Prevention Specialist (SAPS).	
	Permission to possess submitted for each sc	• 1	ated Naloxone Authorization Form is required to be	



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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
-	•	
Approved:		
Substance Abuse Prevention Specialist	Signature	Date
Substance riduse rid vention spectanst	Signatio	Dut
Principal Name	Signature	Date
T molput Patho	Signature	Dute