



## Naloxone Medication Training Permission Forms

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CN Guidance & Counseling Services** has partnered with **Northport-East Northport Public Library** to provide Naloxone training to students, parents and staff. Narcan is a brand name for Naloxone, a medication designed to rapidly reverse opioid overdose. It can very quickly restore respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription medication. Our free training provides information about substance use prevention education, opioid overdose, naloxone and how to use it effectively, and provide kits to each person in attendance.

To participate in this training you must be at least 16 years old. Participation in the training is voluntary. The training will take place on **February 12<sup>th</sup>, 2024**.

If you have any questions about the training or other services provided by CN Guidance, please contact Outreach Coordinator, Kathie Lombardi, at 516-406-1340 or [klombardi@centralnassau.org](mailto:klombardi@centralnassau.org)

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## Parental Permission

By signing below, I agree to allow my child to participate in this training. I have read this form and/or have had it read to me and understand the purpose of the training.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_