

**VIRTUAL NALOXONE ACKNOWLEDGEMENT WAIVER (2020 SOR 1)
Please return this completed form to** **naloxone@familiesagainstnarcotics.org** **within 2 days of your training.**

Participant certifies that he/she has received training on the indications, use, and administration of Naloxone. Participant agrees to hold Families Against Narcotics Inc. harmless for any incidents that may occur because of the use of the skills learned at this training session. The materials contained in this presentation are provided for general information purposes only and do not represent endorsement for any product or manufacturer.

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| **DATE** |  |
| **KIT # (Leave Blank)** |  |
| **TRAINING LOCATION** |  |
| **NAME**  |  |
| **ADDRESS**  |  |
| **CITY**  |  |
| **STATE**  |  |
| **ZIP**  |  |
| **EMAIL**  |  |
| **PHONE**  |  |
| **SIGNATURE**  |  |
|  |
| **INTERNAL PURPOSES** |
| **WITNESS**  |  |
| **DATE**  |  |