



## APS NALOXONE AUTHORIZATION FORM (HIGH SCHOOL STUDENTS)

In alignment with APS [Policy J-8.3.1 School Health Services](#) and [Policy Implementation Procedure J-8.3.1 PIP-1 School Health Services](#), high school students requesting permission to carry naloxone nasal spray must provide signed consent from a parent/guardian. Parent/guardian consent is not required for students over 18; however, students over 18 must still complete and submit this form and agree to the provisions therein.

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

This form should be provided to the director of counseling or designee for review. If complete, the registrar will enter the naloxone opt-in in Synergy.

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

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### SECTION 1: STUDENT INFORMATION

#### Student Name

Last			First			Middle		
Date of Birth			School Year			Grade		
Month	Day	Year						

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### SECTION 2: CONFIRMATION OF REQUIRED NALOXONE TRAINING

I \_\_\_\_\_ affirm that the student  
Name of Parent/Legal Guardian or Student Over the Age of 18  
named above completed an approved training in the administration of Naloxone on \_\_\_\_\_  
Date of Training

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### SECTION 3: PARENT/LEGAL GUARDIAN CONSENT

#### By signing below, I affirm the following:

- The student has been trained to understand and recognize the signs and symptoms of an overdose and how to use and administer Naloxone.
- The student has not been prescribed Naloxone by a medical provider and elects to carry this life-saving medication so it may be administered to others in an emergency.
- The student will responsibly and discreetly maintain Naloxone on their person, in their personal belongings, or their locker at all times during the school day in its original container with manufacturer labeling in compliance with the drug manufacturer’s instructions.
- The student will promptly notify APS staff if Naloxone has been administered to a student, staff or visitor suspected of having an opioid-related drug overdose and emergency services (911) will be called to ensure that the individual receives further medical attention.
- If the student is not able to safely and responsibly carry this emergency medication, the principal may revoke permission to carry Naloxone, following consultation with the parent/legal guardian.
- Permission to possess Naloxone shall be reviewed annually. An updated Naloxone Authorization form is required to be submitted for each school year.

For additional youth substance use education, prevention, intervention trends, and available division and county support, please visit the [APS Substance Use Resources](#) and the [Arlington Addiction and Recovery Initiative \(AARI\)](#) pages.

**I consent to the student named above to carry Naloxone under the aforementioned conditions. I also attest that the student named above has read, is familiar with, and agrees to abide by, the aforementioned conditions.**

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Parent / Guardian / Student Over 18 Name	Signature	Date
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