



Acknowledgement of Training Received

<input type="checkbox"/> Client	<input type="checkbox"/> Significant Other (S.O.)	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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I have received training on how to administer Narcan Nasal Spray in the event of an Opioid Overdose.
 My signature below indicates my acknowledgement and understanding of how to use Naloxone Nasal Spray in response to an Opioid Overdose.

Recipient print name	Recipient signature	Date
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Use of Naloxone (Narcan) Outcome Report

<input type="checkbox"/> Client	<input type="checkbox"/> S.O.	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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How to complete this form was explained to me, along with why it is important to complete this form after using the Narcan, and to call the phone number printed on the form to report the results.

Recipient print name	Recipient signature	Date
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Acknowledgement of Receipt of Naloxone (Narcan) Nasal Spray

<input type="checkbox"/> Client	<input type="checkbox"/> S.O.	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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My signature below acknowledges my receipt of _____ units of Narcan Nasal Spray _____ mgs

Recipient print name	Recipient signature	Date
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