



Dear City of Fishers Health Department Director,

I, _____, am the legal parent/guardian of _____.

As part of the Fishers Health Department session with the Mayor's Youth Academy, we will be covering a variety of topics, including basic roles and responsibilities of the health department, a tabletop outbreak exercise on a food-borne infection, and a naloxone training.

*Naloxone is a lifesaving medication used to reverse an opioid overdose, available without a prescription and in many community locations. The naloxone training will cover what opioids are, the dangers of using opioids with or without a prescription, how to recognize signs and symptoms of an opioid overdose, harms and benefits of naloxone administration, how to administer naloxone, the importance of calling 9-1-1, naloxone storage and expiration considerations, and where naloxone is available in the community. **No naloxone will be provided at the training. Naloxone administration involves inserting a spray medication into the nostril and pushing a plunger. The training devices used consist of a training naloxone plunger and a silicone nose. The plungers do not contain any actual naloxone.***

This consent form is valid for the specified Fishers Health Department training event and any related activities. I acknowledge that my child will be under the supervision and guidance of qualified personnel from the City of Fishers Health Department during the training.

I hereby grant my consent for my child to participate in the City of Fishers sponsored Naloxone training event organized by the City of Fishers Health Department as part of the City of Fishers Mayor's Youth Academy.

I **do not** give permission for my child to participate in the Naloxone Training with the City of Fishers Health Department.

Students Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please keep a copy of this consent form for your records. Thank you for organizing this important training event.