



Free Narcan Training: Pre-Registration Form

Though we accept walk-ins, please register online at www.NarcanSavesLives.org or return this form a week prior to the training if possible. Your information will be used for pharmacy and grant purposes only and will not be shared with outside agencies. The prescription Narcan will be in your name, but it may be **legally** and **safely** used on anyone that you believe is experiencing an opioid overdose. You will receive detailed instructions for use. Narcan is not a controlled substance and has no abuse potential. **Thank you for being ready to save a life with a spray.** Everyone deserves a second chance to live and recover.

Name: _____ Date of birth (month/day/year): ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Drug Allergies: _____

Phone: _____ Gender: Male Female

Are you a first responder, law enforcement or medical professional? Yes No

Would you like to receive a monthly e-newsletter from the Sauk County Partnership for Prevention and Recovery to stay up to date on local substance misuse prevention initiatives? Yes No

Narcan training you wish to attend: Date _____ Location: _____

Registration is complete upon returning this form. We will contact you if your desired training date is unavailable. Space is limited. Please let us know if you cannot attend so your medication can be given to someone else. **Please return this completed form:** email to Kaeyla.Uttech@saukcountywi.gov Fax 608-355-4329. Mail or drop off at the Sauk County Health Department, 505 Broadway, Baraboo, WI 53913. Call in your registration at 608-355-3290. Or complete this form online at www.NarcanSavesLives.org.

