HEALTH CENTER | BLAIR ACADEMY
healthcenter@blair.edu | (phone) 908-362-2010 | (fax) 908-362-7885

USE AND MISUSE OF OPIOID DRUGS FACT SHEET
STUDENT/ATHLETE AND PARENT/GUARDIAN SIGNATURE ACKNOWLEDGMENT RECEIPT

In accordance with ***N.J.S.A. 18A:40-41.10***, public school districts, private schools and nonpublic schools participating in interscholastic sports programs must distribute the Opioid Use and Misuse Educational Fact Sheet to all student-athletes and their parents or guardians. Blair Academy is required to obtain a signed acknowledgment of receipt from each student and parent prior to the first official practice session of the Spring Athletic Season and annually thereafter.

Name of School: **Blair Academy**

I/we acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student's Name (please print): _____

Student Signature: _____
(Required by law)

Parent's Name (please print): _____

Parent/Guardian Signature: _____
(Required by law)

Date: _____