

CG82 - CLINICAL GUIDELINE FOR THE ADMINISTRATION OF NALOXONE  
FOR KNOWN OR SUSPECTED OPIOID OVERDOSE AND THE CLINICAL MANAGEMENT  
OF THE NALOXONE TAKE HOME PROGRAMME



Essex Partnership University  
NHS Foundation Trust

Appendix 3

Refusal of Naloxone Training

THESEUS NUMBER: .....

DATE: .....

SURNAME: .....

FIRST NAME: .....

The rationale for the Naloxone training has been explained to me by Staff. By refusing the above training I understand the possible risks which have been reiterated to me. I also understand that I will not be issued with a Naloxone Take Home Kit.

**I DO NOT WANT TO BE NALOXONE TRAINED**

REASON: .....

.....

SIGNED: .....

WITNESSED BY: .....

PRINT NAME: .....

DATE: .....