

NALOXONE TRAINING SIGN-IN SHEET

Trainer Name: _____

Date: _____

Group being trained: ☐ Sheriff ☐ Police ☐ Fire ☐ Other: _____

Training Method: ☐ Video/Power Point ☐ Video Only ☐ Other _____

[illegible]

Please sent forms to: LEOForms@odmhsas.org or mail to Attn: Zina Simpson PO Box 53277, OKC, OK 73152