



**WASHINGTON
TOWNSHIP**
SCHOOL DISTRICT

BRASS CASTLE SCHOOL
16 Castle St.
Washington, NJ 07882
908.689.1188
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE
OLD SCHOOLHOUSE**
One East Front Street
Washington, NJ 07882
908.689.1119
Keith T. Neuhs, SUPERINTENDENT

PORT COLDEN SCHOOL
30 Port Colden Rd.
Washington, NJ 07882
908.689.0681
Michael J. Neu, PRINCIPAL

Use and Misuse of Opioid Drugs Fact Sheet

Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the athletic and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Must be returned to school with paperwork, pursuant to N.J.S.A. 18A:40-41.10.

Name of School: Brass Castle School

Name of School District (if applicable): Washington Township School District

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

Student Signature: _____

Parent/Guardian Signature (also needed if student is under age 18): _____

Date: _____