



# Department of Public Health

Monroe County, New York

## Naloxone Trained Overdose Responder Enrollment Form

Training available every Thursday at 2pm

### Training Information

Date Planning to Attend: \_\_\_\_\_ Location: \_\_\_\_\_

### Trained Overdose Responder

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(optional) MM DD YYYY

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Race/ethnicity:**

- White
- Black
- Hispanic
- Asian and Pacific Islander
- Native American
- Mixed Race
- Unknown
- Other (specify): \_\_\_\_\_

### **Gender:**

- Male
- Female
- Transgender

### **Do you fall into one of these categories?**

- Law Enforcement Personnel     Firefighting Personnel     Emergency Medical Staff (EMS)
- School Personnel     Library Staff
- Commercial Businesses (such as restaurants, construction etc.)
- Other (e.g. consumer, community provider, etc.)

-----Bottom Portion to be Completed by Trainer-----

### **Naloxone and related equipment provided:**

- One box: Two intranasal spray devices 4 mg/0.1ml each  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
MM YY

### **Approved Opioid Overdose Trainer:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this form to: [courtneyponder@monroecounty.gov](mailto:courtneyponder@monroecounty.gov)**