



**Erie County Department of Health  
Opioid Overdose Prevention Program  
Participant Demographic Form**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_  
(e.g. White; Hispanic; Asian)

Gender: \_\_\_\_\_

I have participated in training in the recognition of an opioid overdose,  
appropriate responses and the utilization / administration of Narcan (naloxone).  
I understand the program and its implementation / reporting process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training site zip code: \_\_\_\_\_

**Contact Info**

Address \_\_\_\_\_

Home zip code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Other contact: \_\_\_\_\_  
(e.g. Facebook, text, friend)

Address needed  
for delivery of  
NARCAN

**Please return completed form:**  
Email [narcan@mhachautauqua.org](mailto:narcan@mhachautauqua.org)  
Fax 716-661-9045

31 Water St, Suite 7, Door 14  
Jamestown NY 14701  
716-661-9044

