

# Facility Overdose Response Box Program Registration Form - Site



This form must be completed by a site manager and **E-MAILED** to [naloxone@bccdc.ca](mailto:naloxone@bccdc.ca)  
If you don't have e-mail please fax to (604) 707-2516

<b>Date:</b>
<b>Affiliated Organization:</b>

## PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SITE

<b>Site Name:</b>			
<b>Site Address:</b>			
	Street	City/Town	Postal Code
<b>Services Offered: (check all that apply)</b>	<input type="checkbox"/> Drop-In <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Take Home Naloxone	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Outreach <input type="checkbox"/> Counselling	<input type="checkbox"/> Supportive Housing <input type="checkbox"/> Harm Reduction Supplies <input type="checkbox"/> Other: _____

## PLEASE PROVIDE ESTIMATES FOR THE FOLLOWING INFORMATION ABOUT YOUR SITE STAFF AND CLIENTS:

<b>Number of Staff Employed at Site</b>	<b>Full Time:</b>	<b>Part Time:</b>	<b>Volunteer/ Student:</b>
<b>Number of Clients Seen (Daily):</b>			
<b>Estimated number of staff <u>that will require training in naloxone administration:</u></b> (so we can provide you with training supplies)			

## PLEASE TELL US WHERE OVERDOSE RESPONSE SUPPLIES SHOULD BE SHIPPED TO:

<b>Shipping Address</b>
Street
City/Town
Postal Code
<b>Delivery Days &amp; Times</b>
<b>Special Instructions</b>

## PLEASE DESIGNATE SOMEONE AT YOUR SITE TO COMMUNICATE WITH THE BC HARM REDUCTION PROGRAM ABOUT PROGRAM DOCUMENTATION AND REQUIREMENTS.

<b>Facility Overdose Response Box Site Coordinator</b>	<b>Name:</b> _____
	<b>Email:</b> _____ <b>Phone:</b> _____