

# New York State Center for School Health - School Reporting Form for Opioid Overdose

\* 1. Date of form submission

Date      MM      DD      YYYY  
           /  /

\* 2. School information

**School Name**     

**School District**     

**School Street**     

**City/Town**     

**ZIP Code**     

**Phone Number**     

\* 3. County

\* 4. Type of school

\* 5. Date of naloxone administration

Date      MM      DD      YYYY  
           /  /

\* 6. Time of naloxone administration

During school hours                       During school sponsored event

\* 7. Naloxone was administered by

\* 8. Gender of naloxone recipient

Male  Female  Transgender  Unknown

\* 9. Race of naloxone recipient (check all that apply)

  

\* 10. Age of naloxone recipient

\* 11. Naloxone recipient was a

Student  Staff Member  
 Other (please specify)

\* 12. Drug(s) used by naloxone recipient at time of overdose (check all that apply)

  

\* 13. Administration of naloxone

	Yes	No	Unknown
Was the recipient conscious before administration of naloxone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the recipient breathing before administration of naloxone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was rescue breathing performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was a second dose of naloxone given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was an automated external defibrillator used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was Emergency Medical Services contacted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the recipient go to the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the recipient survive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please include any information you believe would be helpful in describing the overdose prevention incident.

\* 14. NYSDOH requires review by both the School Medical Director and Program Director/Designee.

Overdose prevention incident was reviewed by:

**School Medical Director**

**Date**

**Program Director/Designee**

**Date**

To submit this form:

- 1 . Hit Ctrl + P on your keyboard to print a copy of this submission form.
2. Press the "Done" button below.
3. Share this report with you Clinical Director
4. A copy of this report should be sent to the NYSDOH by fax:      or mail