



# Do Bugs Need Drugs? (DBND) Program Documentation Form

ID  
(for internal use only)

Program	Description
<b>Daycare</b>	Teaching provided using the DBND Daycare program material <b>and</b> targeting children between ages 3 and 5 years.
<b>Grade 2</b>	Teaching provided using the DBND Grade 2 program material <b>and</b> targeting children in grades 1, 2, and/or 3. <b>Enter any KG sessions under General Teaching.</b>
<b>Older Adults</b>	Teaching provided using the DBND Older Adult program material <b>and</b> targeting older adults in care.
<b>General Teaching</b>	Teaching provided which has been adapted from the above programs to the appropriate age or needs of the audience (e.g. KG, grade 5, special needs young adults).
<b>KG—Gr. 3 Teacher Resources</b>	Teaching provided by <b>BC elementary school teachers</b> to their students in KG, Grade 1, 2, or 3.

**What is your designation?**

Nursing Student       Medical Student       Nurse  
 Pharmacist       ECE Student       Child Care Provider  
 Teacher       Health Care Assistant       Other: \_\_\_\_\_

**Which health authority was the teaching provided in?**

Vancouver Coastal       Fraser Health       Northern Health  
 Vancouver Island       Interior Health

**Your contact information (only to be used for clarification purposes):**

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

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

Organization of study or employment: \_\_\_\_\_

**Instructions:**

▶ **Enter one class taught per line below.**  
 ▶ **Use a separate page if more than 3 classes are taught.**

Entry # (internal use only)	Which <i>Do Bugs Need Drugs?</i> Program was delivered? (Check one box per entry)	Name of facility where teaching was provided	City	Date of Teaching (dd mmm yyyy)	Grade(s) of children taught (If applicable)	Number of people taught
1	<input type="checkbox"/> Daycare <input type="checkbox"/> General Teaching <input type="checkbox"/> Grade 2 <input type="checkbox"/> Older Adults <input type="checkbox"/> KG—Gr. 3 Teacher Resources					# children/students: _____ # older adult residents: _____ # staff: _____ # other: _____
2	<input type="checkbox"/> Daycare <input type="checkbox"/> General Teaching <input type="checkbox"/> Grade 2 <input type="checkbox"/> Older Adults <input type="checkbox"/> KG—Gr. 3 Teacher Resources					# children/students: _____ # older adult residents: _____ # staff: _____ # other: _____
3	<input type="checkbox"/> Daycare <input type="checkbox"/> General Teaching <input type="checkbox"/> Grade 2 <input type="checkbox"/> Older Adults <input type="checkbox"/> KG—Gr. 3 Teacher Resources					# children/students: _____ # older adult residents: _____ # staff: _____ # other: _____

**Instructions:**

1. **Complete this form.**
2. **Save it to your computer.**
3. **Students, please forward this form to your instructor.**
4. **Healthcare professionals, please email this form and any additional comments to [DBND@BCCDC.ca](mailto:DBND@BCCDC.ca) or fax to 604-707-2516 or mail to The DBND Program, BC Centre for Disease Control, 655 West 12th Ave, Vancouver, BC, V5Z 4R4**