



EAST MISSOURI ACTION AGENCY, INC.
HEAD START

HEALTH SUPPLY REQUEST CHECKLIST

Latex Gloves Size: **(Please verify boxes or case)**

Small: _____ B: () C: () Medium: _____ B: () C: () Large: _____ B: () C: ()

Toothbrushes: _____ box _____ individuals

Aprons: _____ Fanny Packs: _____

Cold packs: _____ Alcohol Preps: _____

Emesis absorbent: _____ Bio-enzyme Deodorant: _____

Wall Mount Hand Sanitizer: _____ Wall Mount Hand Sanitizer Refill: _____

Antibacterial hand soap: 1 Gal _____ 1 Gal Pump Dispenser _____

5 Gal _____ 5-Gal Pump Dispenser _____

Fogger Solution: _____ Gauze pads (2x2) _____ (4x4) _____

*Site Managers will purchase diapers, wipes, toothpaste, reg band aids (you **cannot** purchase

Neosporin Band-Aids), medical tape, Kleenexes.

Please list any item below if not on the form (this will be items that are only replaced periodically. This may be things such as new first aide kit or medicine lock box).

Other _____

Requested by: _____ Center: _____

Site Manager Signature: _____ Date: _____

Health Specialist: _____

Order received: _____ Order filled: _____

REQUESTS MUST BE IN CENTRAL OFFICE BY THE 25TH OF THE MONTH