

EAST MISSOURI ACTION AGENCY, INC.
HEAD START

HEALTH SUPPLY REQUEST CHECKLIST

Latex Gloves size small _____ medium _____ large _____

Toothbrushes _____

Aprons _____ Fanny packs _____

Cold packs _____ Alcohol preps _____

Band-aids _____

Emesis absorbent _____ Kleenex _____

Bio-enzyme deodorant _____ Diaper wipes _____

Antibacterial hand soap _____

Paper tape _____ Gauze pads (2x2) _____ (4x4) _____

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 _____

Area Coordinator _____

Health Specialist _____

Order received _____

Order filled _____

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