

**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\_\_\_\_\_

Antibacterial Hand Soap\_\_\_\_\_ Pump dispenser\_\_\_\_\_

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 a new first aide kit or medicine lock box.)

**Centers will purchase hand lotion and hand sanitizer as needed.**

Other\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by:\_\_\_\_\_ Center\_\_\_\_\_

Site Manager Signature\_\_\_\_\_

Area Coordinator\_\_\_\_\_

Health Specialist\_\_\_\_\_

Order recieved\_\_\_\_\_

Order filled\_\_\_\_\_

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