

School: _____ Date: _____

Person Submitting Request: _____

FIRST AID SUPPLIES ORDER - FORM #326

INSTRUCTIONS: Please submit on a **YEARLY** basis. Supplies will be shipped to the warehouse, and schools will be contacted when they are available to pick up.

This list reflects the **only** health need supplies approved to be used within the School District.

Item:	Quantity:	Description:	#Ordered:	#Received:
Acetaminophen Tablets	Bottle (100/bottle)			
Adherent Wrap	Each			
Adhesive Cloth Tape - Hypoallergenic	Roll (10 yards/roll)			
Antibiotic Ointment Packets				
Antiseptic Wipe Packets				
Bandage, Gauze	Box (200/box)	2 x 2 Non-sterile		
Bandage, Gauze	Box	4 x 4 Sterile single wrap		
Bandage, Gauze Roll				
Band-aids (Medium)	Box			
Band-aids (2")	Box			
Biohazard Bags	Case			
Biohazard Sharps Container	Each	Quart size for diabetic sharps		
Cardboard Arm Splint	Each			
Coban Wrap/Tape				
Cold Packs (Reusable/instant)	Each			
Cotton Tipped Applicators (Sterile/Non-sterile)				
CPR Mask (One-way valve)	Each			
Eye Pad - Sterile				
Eye Patch	Box			
Eye Wash – Single use				
First Aid Cold Spray	Each			
Gloves – Non-latex, Medical exam				
Hydrocortisone Ointment Packets				
InstaGlucose (Oral Gel)	Each Tube			
Lice Free Gel	Each	Lice treatment		
Procedure Masks	Each			
Slings (Triangle bandages)	Each			
Sting Kill (Insect bite relief)	Box (10 wipes/box)			
Thermometer Sheaths	Box (50/box)			
Thermometer, Digital	Each			
Tongue Depressor				
Tweezers (Disposable)				
Wooden Dowels (for lice checks)	Box (100/box)			