

Staff Name: \_\_\_\_\_

Area/FA # \_\_\_\_\_

**Keep this form in kit. Initial & date when checked. Check at beginning of each year and monthly. Replenish as needed. Notice some items expire!**

FIRST AID KIT IN STAFF CAR (HB Teacher, Family Advocate)												
Approx. # should have	Item	Initial & Date-when inventory is checked monthly. Replenish as needed. ✓ each item <u>Write expiration date of certain items.</u>										
	<b>DATE &amp; INITIAL→</b>											
10	Band-aid 3/4" x 3"											
10	Band-aid 3/8" x 1"											
1	adhesive tape - roll											
3	4" x 4" gauze pads											
2	2" x 2" gauze pads											
1	instant ice pack											
6	latex gloves											
3	disinfectant towel (for surface)	EXP										
3	Antimicrobial (hand wipes)	Date										
1	CPR micro shield											
1	First Aid Guide											

**Carry child’s emergency medical information with you if you are transporting a family for services.**

**PACT Head Start – 217-773-3903**