



## JAMES MADISON UNIVERSITY HEALTH CENTER

2<sup>nd</sup> Floor in Student Success Center

Phone: 540-568-6178

Fax: 540-568-6176

### FIRST AID KIT REQUEST LOAN FORM

I understand I am responsible for the return of the borrowed first aid kits. Please promptly return within 7 days after return from trip. I understand that if I do not return the item/items by return date and in proper condition, I will be billed for the replacement or repair of the item.

- Please submit this completed form to UHC at least **48 hours** prior to picking up the First Aid Kits
- Forms are accepted by email at healthctr@jmu.edu, secure fax at 540-568-6176, or hand delivery to the University Health Center
- First Aid Kit Replacement Fee - \$15.00 per kit for lost or severely damaged

Name requesting kits: (print) \_\_\_\_\_

JMU Department Name: \_\_\_\_\_

Department phone #: \_\_\_\_\_ Number of kits requested: \_\_\_\_\_

Date to pick-up: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Signature of staff/student requesting kits: \_\_\_\_\_

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*(Information below to be completed at the time of pick-up)*

Name of staff/student designated to pick-up kits: (print) \_\_\_\_\_

Signature of staff/student designated to pick-up kits: \_\_\_\_\_

Kit numbers given: \_\_\_\_\_

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*(Information below to be completed by UHC staff upon return of kits)*

UHC staff signature receiving returned first aid kit/s: \_\_\_\_\_

Date kits returned: \_\_\_\_\_

# of kit/s not returned or damaged: \_\_\_\_\_