

KIWANIS PEDIATRIC TRAUMA CENTER (KPTC) FOUNDATION
Friends of the KPTC at North Shore University Hospital

REQUEST FORM FOR KIWANIS PEDIATRIC TRAUMA KIT

Date: _____

Child size ambulance equipment to meet most "on scene" emergency needs.
Suggested use: donation to local fire companies/ambulance corps/EMT units / police ambulances.

Typical Contents:

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Pediatric Immobilization Board; Broselow Pediatric Measure Tape; Child BVM Resuscitator; Bag-Mask Disposable Resuscitator; 10 Disposable Face Masks (Neonatal, Infant, Child, Toddler); 5 Pediatric Nasal Cannulas with 7' Oxygen Tubing; 5 Pediatric Non-Rebreathing (under chin), Masks with Reservoir, Berman Airways (Infant 43mm, Child 60mm) 5 Disposable Bubble Oxygen Humidifiers; Infant and Child Sphygmomanometers (Blood Pressure Cuffs with Gauge); Pediatric Stiff/Extrication Collar; Child Stethoscope; Disposable Silver Swaddler Blanket; Stuffed Animal; and Personalized Soft Tri-Pocket Storage Case.

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FRIENDS OF THE KPTC AT NORTH SHORE UNIVERSITY HOSPITAL ARE DONATING THE SUBJECT PEDIATRIC TRAUMA KIT AS PART OF THEIR GOAL TO HELP BETTER SERVE OUR YOUNGSTERS DURING TIME OF NEED.

They urge that the benefiting Kiwanis Clubs and local Communities support the Kiwanis Pediatric Trauma Center Program through direct donations to the Kiwanis Pediatric Trauma Center (KPTC) Foundation, Post Office Box 862, Plandome NY 11030.

A DONATION FROM THE PRESENTING KIWANIS CLUB OF AT LEAST \$1,000.00 IS EXPECTED. THIS DONATION WILL BE APPLIED TO THE KIWANIS COMMITMENT TO THE NORTH SHORE UNIVERSITY HOSPITAL FOR PEDIATRIC TRAINING, EDUCATION AND COMMUNITY INTERFACE.

Kiwanis Club of _____ requests one Kiwanis Pediatric Trauma Kit to be delivered to:

<u>Requesting Kiwanian</u>	<u>Receiving Representative</u>
Contact Name: _____	Contact Name: _____
Club: _____	Community Served: _____
Division: _____	
Phone: _____	Phone: _____
Days: _____	Days: _____
Evening: _____	Evenings: _____
FAX: _____	Fax: _____
Address: _____	Address: _____
_____	_____