

## **ANCHOR OF HEALTH MINISTRY REQUISITION**

Will a health component (teaching) be needed for event/activity?  Yes  No

List topics to consider: \_\_\_\_\_

\_\_\_\_\_

Will a CPR-certified person be needed for the event/activity?  Yes  No

Please list the name of the person(s) in your department who is/are CPR certified? \_\_\_\_\_

\_\_\_\_\_

Will the person(s) listed above be on duty during the event/activity?  Yes  No

Is First Aid needed for this event?  Yes  No

The signature below confirms that this department will assist with the event/activity on the date and specified time shown on the cover sheet.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date