



HEALTH & SAFETY STATEMENT FORM
BRAND REQUEST (Non-medical)

Purpose: This form allows families to request specific product brands for health or medical reasons, instead of the standard Sam's Club Member's Mark items provided at the TCC Center.

SECTION 1: TO BE COMPLETED BY PARENT/GUARDIAN:

CHILD'S NAME: _____ BIRTH DATE: _____
PARENT'S NAME: _____
PARENT'S ADDRESS: _____
CONTACT NUMBER: _____

SECTION 2: PRODUCT REQUEST TO BE COMPLETED BY PARENT/GUARDIAN:

PLEASE INDICATE WHICH ITEM(S) REQUIRE A SPECIFIC BRAND:

(Check box):

REQUESTED BRAND:

- DIAPERS _____
- PULL-UPS _____
- INFANT FORMULA _____

REASON FOR REQUEST (check box):

- MEDICAL/HEALTH CONDITION
- ALLERGY/SENSITIVITY
- OTHER (please specify): _____

PARENT/GUARDIAN SIGNATURE

I confirm that the information provided is accurate and understand that the TCC Center will accommodate these requests once this form is submitted.

SIGNATURE: _____ DATE: _____

STAFF USE ONLY
DATE RECEIVED: _____
COPY SENT TO: _____

