

# ACPHD/EMS Injury Prevention Program

## Helmet/Wheeled Vehicles Safety Presentation

### Request Form

Interactive lessons that address injury prevention strategies. Lessons can be differentiated to meet appropriate health education standards based on grade.

*\*Presentations are not available the last Monday and first Wednesday of every month\**

**Please circle the location the presentation will be conducted.**

In-Class

After School Program

Recreation Center

Contact Information & Schedule	
Contact Name:	Location:
Location Address:	
Phone Number:	Email:
Estimated Attendance for Event:	
Ages (or grades) of Attendance for Event:	
1 <sup>st</sup> Choice Date for Event:	
2 <sup>nd</sup> Choice Date for Event:	
3 <sup>rd</sup> Choice Date for Event:	
Principal's Name:	*Principal Signature:

***\* If this presentation is being held at a school, the principal's signature is required for your application to be processed.***

Please return request form to:  
ACPHD/EMS  
Injury Prevention Program  
1000 San Leandro Blvd, 2<sup>nd</sup> Floor  
San Leandro, CA 94577  
Fax: 510-618.2099  
Office: 510.618.2050

#### FOR OFFICE USE ONLY

Received:
Approved Date:
Confirmation Sent:
On Calendar:

