



ATTACHMENT C

 Date: _____

TO: Condom Availability Program
LAUSD District Nursing Services
Roybal Annex
121 N. Beaudry Avenue
Los Angeles, CA 90012

Fax: (213) 580-6557 

Phone: (213) 202-7580

FROM: Contact person: _____ 

School: _____

Principal's signature (or designee's): _____

Fax: (____)____-____ Phone: (____)____-____

E-mail: _____

SUBJ.: **Request for Condoms (100/bag)**
Specify number _____ of bag/s

COMMENTS/SUGGESTIONS:

NOTE: this document can be downloaded at: <http://achieve.lausd.net/nursing>
► Nursing Forms "Condoms Availability Program"

CONDOM AVAILABILITY PROGRAM OFFICIAL USE ONLY

Number of condoms shipped: _____, **Date:** _____

Initials: _____, **Lot number:** _____