



# Request for Permission Reprint/Reproduce CCHP Health and Safety Materials

## California Childcare Health Program

*The California Childcare Health Program (CCHP) enhances the quality of child care for California's children by initiating and strengthening linkages among the health, safety and child care communities and the families they serve.*

1. Requesting Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Our organization is:     Non-profit     For-profit

2. We request permission to reprint from the following CCHP products:

CURRICULA	Pages	OTHER PUBLICATIONS	Titles
<input type="checkbox"/> Integrated Pest Management Toolkit	_____	<input type="checkbox"/> Health & Safety Note	_____
<input type="checkbox"/> Prevention of Infectious Disease	_____	<input type="checkbox"/> Health & Safety Note	_____
<input type="checkbox"/> Prevention of Injuries	_____	<input type="checkbox"/> Health & Safety Note	_____
<input type="checkbox"/> Asthma Information Packet	_____	<input type="checkbox"/> Health & Safety Note	_____
<input type="checkbox"/> Promoting Children's Oral Health	_____	<input type="checkbox"/> Fact Sheet for Families	_____
<input type="checkbox"/> Curriculum for Child Care Health Consultants	_____	<input type="checkbox"/> Fact Sheet for Families	_____
<input type="checkbox"/> Curriculum for Child Care Health Advocates	_____	<input type="checkbox"/> Fact Sheet for Families	_____
<b>CHECKLISTS</b>		<input type="checkbox"/> Mini-poster	_____
<input type="checkbox"/> Integrated Pest Management Checklist		<input type="checkbox"/> Mini-poster	_____
<input type="checkbox"/> CCHP Health and Safety Checklist		<input type="checkbox"/> Mini-poster	_____
		<input type="checkbox"/> Other (specify)	_____

3. We will reprint/reproduce \_\_\_\_\_ (number of) pieces and will distribute to: \_\_\_\_\_

Distribution method:

Other method of distribution:

4. We \_\_\_\_\_ are \_\_\_\_\_ are not charging for the material in which this CCHP information is to be included.

If there is to be a charge please indicate the amount \$ \_\_\_\_\_.

5. We are requesting permission to do the following (check the appropriate option):

Reproduce an **exact reprint of the full CCHP document**. If reprint permission is granted, we understand that the following condition(s) in the CCHP permission letter will apply:

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- c. The agreement pertains to a **one time only** reprinting of the material described on the form.

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Other (Please explain): \_\_\_\_\_

Requesting organization's contact person's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax the completed request form to: Abbey Alkon  
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San Francisco CA 94143-0606  
Phone: 415-476-4695  
Fax: 415-753-2161  
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*For office use only:*

CCHP Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_