



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT
COMMAND HEADQUARTERS, UNITED STATES
ARMY GARRISON, FORT CARSON
1626 Ellis Street, suite
200 FORT CARSON,
CO 80913-4143**

IMCR-MWC

Date: _____

MEMORANDUM THRU

Army Public Health Nurse (APHN)

For Coordinator, Child and Youth Services Division

SUBJECT: Exception to Policy/Waiver

1. Request Exception to Policy from:

Facility _____ Activity (Ex. Full Day, PDPS, Hourly) _____

2. Sponsor's Name _____

Name of Child(ren) Youth _____ Age _____

Phone Primary _____ Alternate _____

Email _____

3. Reason for exception:

4. Signature of Requester _____ Received by _____

APHN Approved _____ Disapproved _____

Special Instructions/comments: _____

Chief, CYS Services:
____ CONCUR
____ NON-CONCUR