MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care

CACFP Enrollment: Yes:___ No:___

Meals your child will receive while in care:

BK__LN__SU__ AM Snk__ PM Snk__ Evng Snk__

EMERGENCY FORM

	NTIRE FORM MUST BE UP	PDATED ANNUALLY.				
Child's Name					Dirth Data	
Child's Name _	Last First			· · · · · · · · · · · · · · · · · · ·	Birth Date	
Enrollment Date	e		Hours 8	Days of Expected Attendance		
°hild's Home ∆	ddress					
Child's Home Address Street/Apt. #			City		State	Zip Code
Paren	t/Guardian Name(s)	Relationship		Contac	t Information	
			Email:	C:		W:
				H:		Employer:
			Email:	C:		W:
				H:		Employer:
Name of Person	n Authorized to Pick up Chil				Dalari	analis ta Obital
Address	Street/Apt. #	Last		First		onship to Child
	Street/Apt. #		City	State	Zip Code	
ny Changes/A	dditional Information					
ANNUAL UPD		(Initials (Data)		(Initials (Data)	(Initials (Data)	
	(Initials/Date)	(Initials/Date)		(Initials/Date)	(Initials/Date)	
Vhen parents/g	guardians carriot be reache	u, list at least offe pers	son who may be	contacted to pick up the child	n an emergency:	
			-			
	Last				in an emergency: (W)	
	Last		t		(W)	
. Name	Last			Telephone (H)	(W)	
. Name	Last Street/Apt. #	Firs	t City		(W)	Zip Code
Address _	Last Street/Apt. # Last		t City	Telephone (H)	(W)	
. Name	Last Street/Apt. # Last	Firs	t City	Telephone (H)	(W)	Zip Code
Address _ Name Address _ Address _	Last Street/Apt. # Last Street/Apt. #	Firs	t City	Telephone (H) Telephone (H)	State (W)	Zip Code
Address Address Address	Last Street/Apt. # Last Street/Apt. #	Firs	t City	Telephone (H)	State (W)	Zip Code
Address Address	Last Street/Apt. # Last Street/Apt. #	Firs	t City	Telephone (H) Telephone (H)	State (W) State (W) State (W)	Zip Code
Address _ Address _ Address _ Address _	Last Street/Apt. # Last Street/Apt. # Last	Firs	t City	Telephone (H) Telephone (H)	State (W)	Zip Code
Address _ Address _ Address _ Address _ Address _ Address _	Last Street/Apt. # Last Street/Apt. # Last Street/Apt. #	Firs	t City t City	Telephone (H) Telephone (H)	State (W) State (W) State (W) State (W) State	Zip Code Zip Code
Address _	Last Street/Apt. # Last Street/Apt. # Last Street/Apt. # an or Source of Health Care	Firs	t City t City	Telephone (H) Telephone (H) Telephone (H)	State (W) State State State State	Zip Code Zip Code
Address _	Last Street/Apt. # Last Street/Apt. # Last Street/Apt. #	Firs	t City t City	Telephone (H) Telephone (H) Telephone (H)	State (W) State (W) State (W) State (W) State	Zip Code Zip Code
Address Address Address Address Address Child's Physicia	Last Street/Apt. # Last Street/Apt. # Last Street/Apt. # an or Source of Health Care Street/Apt. #	Firs Firs	t City t City t City	Telephone (H) Telephone (H) Telephone (H) Telephone (H) Telephone (H)	State (W) State (W) State State State State	Zip Code Zip Code

INSTRUCTIONS TO PARENTS:

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name:	Date of Birth:
Medical Condition(s):	
Medications currently being taken by your child:	
Date of your child's last tetanus shot:	
Allergies/Reactions:	
EMERGENCY MEDICAL INSTRUCTIONS: (1) Signs/symptoms to look for:	
(2) If signs/symptoms appear, do this:	
(3) To prevent incidents:	
OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE	NEEDED:
COMMENTS:	
Note to Health Practitioner:	
If you have reviewed the above information, please of	complete the following:
Name of Health Practitioner	Date
Signature of Health Practitioner	()