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

(1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.

child's Name _					Birth	Date	11
	Last First		<u> </u>		•		
rollment Date			Hours &	Days of Expected Atte	ndance		·
nild's Home A	ddressStreet/Apt.#						
	Street/Apt. # //Guardian Name(s)	Relationship	1	City	Contact Info	State	Zip Cod
1 819())	reduction (a)	Relationship				/IIIIAUVII	1
			Email:		C:		W:
					H:		Employer:
			Email:		C:	*1	W:
					H:		Employer:
ame of Persor	Authorized to Pick up Child	d <i>(dailv)</i>				***	***
		Last		First		Relati	onship to Child
aaress	Street/Apt. #		City	s	tate	Zip Code	***
าy Changes/A	dditional Information				- 		
ny Changes/A	ATES						
		(Initials/Date)		(Initials/Date)		ials/Date)	
NNUAL UPDA	ATES	(Initials/Date)		(Initials/Date)	(Initi	ials/Date)	
NNUAL UPDA	ATES (Initials/Date) uardians cannot be reached	(<i>Initials/Date</i>)	on who may be	(Initials/Date) contacted to pick up th	<i>(Initi</i> ne child in an	emergency:	
NNUAL UPDA	ATES (Initials/Date) uardians cannot be reached	(<i>Initials/Date</i>)		(Initials/Date) contacted to pick up th	<i>(Initi</i> ne child in an	emergency:	
NNUAL UPDA	ATES(Initials/Date) uardians cannot be reached Last	(<i>Initials/Date</i>)	son who may be	(Initials/Date) contacted to pick up th	<i>(Initi</i> ne child in an	emergency:	
NNUAL UPDA Then parents/g Name	(Initials/Date) uardians cannot be reached Last Street/Apt. #	(<i>Initials/Date</i>)	on who may be	(Initials/Date) contacted to pick up th Telephone ((Initi ne child in an	emergency: (W)	Zip Cod
NNUAL UPDA Then parents/g Name Address _	(Initials/Date) uardians cannot be reached Last Street/Apt. #	(<i>Initials/Date</i>)	t City	(Initials/Date) contacted to pick up th Telephone ((Initi ne child in an	emergency: (W)	
NNUAL UPDA Then parents/g Name	uardians cannot be reached Last Street/Apt. #	(Initials/Date) d, list at least one pers Firs	t City	(Initials/Date) contacted to pick up th Telephone ((Initi ne child in an	emergency: (W) State (W)	Zip Cod
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hen parents/g Name Address Address	Last Last Street/Apt. # Last Last Last	(Initials/Date) d, list at least one pers	con who may be to t	(Initials/Date) contacted to pick up th Telephone ((Initi	emergency: (W) State (W)	Zip Cod
NNUAL UPDA Then parents/g Name Address Address Name Address Address	uardians cannot be reached Last Street/Apt. # Last Street/Apt. #	(Initials/Date) d, list at least one pers	con who may be to t	(Initials/Date) contacted to pick up th Telephone (Telephone (F	(Initi	emergency: (W) State (W) State (W) State	Zip Cod Zip Cod
NNUAL UPDA Then parents/g Name Address Address Name Address	uardians cannot be reached Last Street/Apt. # Last Last Street/Apt. #	(Initials/Date) d, list at least one pers	con who may be to t	(Initials/Date) contacted to pick up th Telephone (Telephone (F	(Initi	emergency: (W) State (W) State (W) State	Zip Cod

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):	
Date of your child's last tetanus shot:	
EMERGENCY MEDICAL INSTRUCTIONS:	
(2) If signs/symptoms appear, do this:	
(3) To prevent incidents:	
	BE NEEDED:
COMMENTS:	
Note to Health Practitioner:	
If you have reviewed the above information, please	e complete the following:
Name of Health Practitioner	Date
Signature of Health Practitioner	() Telephone Number