## 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

nealth practitioner			ergency medical c	are, complete the back side of	the form, If necess	ary, have your child's
	review that informat	ion.				
OTE: THIS ENTIRE F	FORM MUST BE UP	DATED ANNUALLY.				
ild's Name				E	Birth Date	
La	st First					
rollment Date			Hours & Da	ays of Expected Attendance _		
				_		
ild's Home Address	Street/Apt. #			ity	State	Zip Code
Parent/Guard		Relationship			Information	<b></b>
			<u> </u>	Τ.		Tiar
			Email:	C:		W:
				H:		Employer:
		-	ļ			107
			Email:	C:		W:
				H:		Employer:
			1			
me of Person Autho	rized to Pick up Child	d (daily)				
	,	Last		First	Relati	onship to Child
dress	reet/Apt. #		City	State	Zip Code	
Ou			Oity	Otate	Zip code	
/ Changes/Additiona	al Information					
NUAL UPDATES _		(Initials/Data)		nitials/Data) /	Initials/Data)	
	Initials/Date)	(Initials/Date)		nitials/Date) (	Initials/Date)	
	Initials/Date)					
en parents/guardiar	Initials/Date)			ontacted to pick up the child in	an emergency:	
en parents/guardiar	Initials/Date) ns cannot be reached	d, list at least one pers	son who may be co		an emergency:	
en parents/guardiar	Initials/Date) ns cannot be reached		son who may be co	ontacted to pick up the child in	an emergency:	 
en parents/guardiar NameLa	ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency: (W)	
en parents/guardiar NameLa	Initials/Date) ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency:	
en parents/guardiar NameLa	ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency:  (W)	Zip Code
en parents/guardiar  Name	ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency:  (W)	Zip Code
en parents/guardiar  NameLa  AddressSti  NameLa	ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency:  (W)	Zip Code
en parents/guardiar  Name	ns cannot be reached	d, list at least one pers	son who may be co	ontacted to pick up the child in	an emergency:  (W)	Zip Code
Name La Address La Address Sti Name La	Initials/Date) Ins cannot be reached Instructions the state of the sta	d, list at least one pers	city	ontacted to pick up the child in Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)	Zip Code
en parents/guardiar  Name La  Address Sti  Name La  Address	Initials/Date) Ins cannot be reached Instructions the reached Instruction in the reached in the reached Instruction in the reached in the	d, list at least one pers	con who may be constituted to the constitute of	ontacted to pick up the child in	an emergency:  (W)  State  (W)	Zip Code
len parents/guardiar  Name	Initials/Date) Ins cannot be reached Instructions the reached Instruction in the reached in the reached Instruction in the reached in the	d, list at least one pers	con who may be constituted to the constitute of	ontacted to pick up the child in Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)	Zip Code
en parents/guardiar  Name	Initials/Date) Ins cannot be reached Instruction of the second of the se	d, list at least one pers	City City	ontacted to pick up the child in Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)  State  (W)	Zip Code Zip Code
en parents/guardiar  Name	Initials/Date) Ins cannot be reached Instructions the reached Instruction in the reached in the reached Instruction in the reached in the	d, list at least one pers	con who may be constituted to the constitute of	ontacted to pick up the child in Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)	Zip Code Zip Code
nen parents/guardiar  Name	Initials/Date) Ins cannot be reached Instruction of the second of the se	f, list at least one pers	City  City  City	ontacted to pick up the child in Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)  State  (W)  State	Zip Code Zip Code
nen parents/guardiar  Name	Initials/Date) Ins cannot be reached Instruction of the second of the se	f, list at least one pers	City  City  City	ontacted to pick up the child in Telephone (H) Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)  State  (W)  State	Zip Code Zip Code
len parents/guardiar  Name La  Address St  Name La  Address St  Name La  Address St  Name La  Address St  Ild's Physician or Soddress	Initials/Date) Ins cannot be reached Instruction of the second of the se	f, list at least one pers	City  City  City	ontacted to pick up the child in Telephone (H) Telephone (H) Telephone (H)	an emergency:  (W)  State  (W)  State  (W)  State	Zip Code Zip Code
In parents/guardiar  Name La  Address St  EMERGENCIES rec	Initials/Date) Ins cannot be reached Instruction of the state of the s	I, list at least one pers	City  City  City  City  City  City	Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)	State  State  (W)  State  (W)  State  State  State	Zip Code Zip Code Zip Code
In parents/guardiar  Name La  Address St  EMERGENCIES rec	Initials/Date) Ins cannot be reached Instruction of the state of the s	edical attention, your o	City  City  City  City  City  City	Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)  Telephone (H)	State  State  (W)  State  (W)  State  State  State	Zip Code Zip Code Zip Code

## 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:	
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 MA	Y BE NEEDED:
COMMENTS:	
Note to Health Practitioner:	
If you have reviewed the above information, ple	ase complete the following:
Name of Health Practitioner	Date
Signature of Health Practitioner	Telephone Number