



The Right Care When It Counts Maryland EMSC 2019 Program



The Maryland EMS for Children program is In Search Of children and youth in Maryland who have demonstrated Steps to Take in an Emergency or Ways to be Better Prepared for an Emergency. Actions taking place January 1, 2018, through December 31, 2018, are eligible for nomination. We will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week 2019. Questions? Email awards@miemss.org

Children and youth who have met one or more of the following criteria are eligible for Right Care Awards:

1. Activates the Emergency Response System by calling 9-1-1 in an emergency
2. Calls the Poison Control Center in an emergency (1-800-222-1222)
3. Provides family emergency phone numbers, address, and contacts to emergency responders
4. Knows and practices an emergency plan at home
5. Applies knowledge learned in a first aid class
6. Performs CPR and/or uses an AED effectively
7. Knows his or her medical history (allergies, medications, special needs, etc.) and shares this information with emergency care providers
8. Participates in fire and injury prevention education in the community
9. Prepares, with his or her family, to respond to a disaster
10. Provides emergency assistance in the community

NOMINATIONS MUST BE RECEIVED AT MIEMSS BY FRIDAY APRIL 5, 2019



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Type all information in the form below

Name of person submitting this nomination: _____
 _____ (Type)
 _____ (Affiliation)
 _____ (Address)
 * Email Address _____
 * Telephone Nos. (W) _____ (Cell) _____ FAX No. _____
 * Must be completed!!

Child or youth who acted so that others would receive "The Right Care When It Counts":

Child/ Youth's Name: _____ Age: _____ Gender: _____
 Parent's Name: _____
 Parent's Name: _____
 Address: _____
 Phone(s): (H) _____ (W) _____ (cell) _____
 Email: _____
 Alternative contact person: _____
 Best method to reach this person: _____
 Primary language spoken at home: _____

PLEASE indicate if you have spoken with the family about this nomination (RECOMMENDED) YES NO

Description and date of event/ incident and the action taken

• PLEASE include any printed materials about this nomination and if the child/youth has been recognized locally

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Mail to: Jim Brown, MIEMSS, 653 W. Pratt St., Baltimore, MD 21201-1536

FAX to: 410-706-3485 (attn: Jim Brown) or scan and email to awards@miemss.org

You can complete and submit this form online at <http://www.miemss.org> under "What's New"

Click Here to Submit
Form Online