

Special Needs Alert Program

Dear Parent or Guardian,

To enroll your child in the Special Needs Alert Program (SNAP), please complete the following forms:

- The Enrollment Form
 - Please complete all information requested. If the question is not applicable, please enter N/A.
 - Please remember to notify SNAP of any changes or updates to your child's enrollment information (i.e. address, telephone, school or daycare changes, or email address changes)
 - Please complete the Special Instructions located in the Medical Information Section. What special instructions will the Emergency Medical Services provider need to treat this child?

- The Consent Form.
 - The Consent Form must be signed and witnessed. The witness may be anyone over the age of 18 and the form does not need to be notarized.
 - The Consent Form must be updated annually. You will be notified when the annual update is due. If you do not provide the annual update, you may be removed from the program.

- The Emergency Information Form (optional)
 - The Emergency Information Form is an optional, more in-depth medical form developed by the American Academy of Pediatrics for family use in the event of an emergency. If you choose to complete the form, keep it with the child at all times in case of emergency. In the event of an emergency or hospitalization, you can share this form with medical care providers.
 - This form should be completed and signed by your child's primary care or specialty physician and updated as changes in information occur.

Once enrolled, the enrollee will not be removed from the Special Needs Alert Program, even after age 21, except if requested information is not updated annually.

Mail the original forms to me at the address on the bottom of this sheet.

Please call me if you have any questions or concerns. You will receive a call from our office when your paperwork is processed.

Thank you for enrolling your child in the Special Needs Alert Program.

Sincerely,
Beth Appenzeller MacDonald
SNAP Coordinator
beth.macdonald@state.de.us
Phone: 302-223-1355 Fax: 302-223-1330

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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

