



Handle With Care Notification Form



To: Mr. Jason Stoddard & Mrs. Kathy Keissling

From: Charles County Department of Emergency Services

Incident Date: _____

Incident Location: _____

The child referenced below was on the scene of an emergency incident in the last 24 hours and could exhibit academic, emotional and/or behavioral problems as a result of exposure to a traumatic event. Please handle him/her with care. For more information go to www.handlewithcaremd.org

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Please email this form to: jstoddard@ccboe.com & KKeissling@ccboe.com

Handle With Care