



**Maryland Poison Center**  
University of Maryland School of Pharmacy

**Poison Prevention and Education Materials Order Form**



Please use this form to order materials from the Maryland Poison Center.  
**A check or money order must accompany orders** requiring payment.  
We cannot bill for orders or accept charge cards or purchase orders.

Please make check payable to: **UMBF, Inc**  
*(The Funds for the Maryland Poison Center are administered by the University of Maryland Baltimore Foundation, Inc).*

**Send to:** Maryland Poison Center  
220 Arch Street ~ Office Level 1 ~ Baltimore, MD 21201  
**For questions call: 410-563-5584 / fax: 410-706-7184**

Send order to (name): \_\_\_\_\_ Order Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone \_\_\_\_\_ email address: \_\_\_\_\_

Item	Max. # Free	Free Quantity	Charge Quantity	Total Quantity	Cost
<b>“What You Need To Know” Brochure</b> <i>** (for contents, see below) **</i> <i>E = English / S = Spanish</i>	E 50	E	_____ @ \$.75ea	E	
	S 50	S	_____ @ \$.75ea	S	
<b>Mr. Yuk Stickers (10/sheet)</b>	50		_____ @ \$.10 per sheet		
<b>Telephone Stickers (2/sheet)</b>	50		_____ @ \$.05 per sheet		
<b>Magnets</b>	50		_____ @ \$.10ea		
<b>Bookmarks</b> <i>E = English / S = Spanish</i>	E 50	E	_____ @ \$.05ea	E	
	S 50	S	_____ @ \$.05ea	S	
<b>Teacher’s Resource Kit</b>	1		_____ @ \$1.50ea		
<b>Poster (2 sided – English/Spanish)</b>	1		_____ @ \$1ea		
<b>Candy &amp; Medicine Poster</b>	1		_____ @ \$1ea		
<b>Pencils</b>	N/A	N/A	_____ @ \$.25ea		
** (Includes MPC info, emergency action card, poison-proofing checklist, poisonous plants list, bites and stings, carbon monoxide, medicine storage, babysitter information, Mr. Yuk stickers, telephone stickers, MPC magnet)					

**For office use only**

**Health Fair [ ]**

Date sent: \_\_\_\_\_ Initials: \_\_\_\_\_ Take-Homes Packets \_\_\_\_\_

[ ] Attended

Data Entered  Initials: \_\_\_\_\_ Mr. Yuk Packets \_\_\_\_\_

[ ] Unattended

***\*Please return Supplement page along with Order Form for rapid processing.***

# Maryland Poison Center

## Educational Materials Order Form Supplement

It is important for the Maryland Poison Center to keep records of the educational materials that are distributed throughout the state. Please take a moment to consider the information below and return this form with your order form for materials. Thank you.

Name of Organization: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check the category that describes you best (please choose subcategory of applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> school (including preschool) & related organization<br><input type="checkbox"/> Daycare Center <input type="checkbox"/> Private School<br><input type="checkbox"/> Head Start <input type="checkbox"/> Public School<br><input type="checkbox"/> community organization (including religious)<br><input type="checkbox"/> Church <input type="checkbox"/> Boy/Girl Scout<br><input type="checkbox"/> 4-H <input type="checkbox"/> Senior Center<br><input type="checkbox"/> health department<br><input type="checkbox"/> Injury Prevention<br><input type="checkbox"/> Healthy Start/Families<br><input type="checkbox"/> Maternal & Child Health<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> local government organization<br><input type="checkbox"/> employer<br><input type="checkbox"/> other: _____ | <input type="checkbox"/> for-profit organization<br><input type="checkbox"/> non-profit organization<br><input type="checkbox"/> health care provider<br><input type="checkbox"/> hospital-ED<br><input type="checkbox"/> hospital-Pediatrics<br><input type="checkbox"/> hospital-Labor & Del.<br><input type="checkbox"/> clinic<br><input type="checkbox"/> pediatrician<br><input type="checkbox"/> physician<br><input type="checkbox"/> other<br><input type="checkbox"/> SAFEKIDS<br><input type="checkbox"/> fire/police/EMS<br><input type="checkbox"/> professional organization |
|---|--|

Please check the category that describes your target audience best:

- |   |   |
|---|---|
| <input type="checkbox"/> children—preschool<br><input type="checkbox"/> children—elementary<br><input type="checkbox"/> children—middle school<br><input type="checkbox"/> children—mixed age<br><input type="checkbox"/> high school students--teen parents, babysitters<br><input type="checkbox"/> high school students—general<br><input type="checkbox"/> other: _____ | <input type="checkbox"/> parents<br><input type="checkbox"/> day care providers<br><input type="checkbox"/> health professionals<br><input type="checkbox"/> seniors<br><input type="checkbox"/> general/mixed adults<br><input type="checkbox"/> general/mixed adults & children |
|---|---|

Please check the category that describes how you will be using the materials:

- |  |  |
|--|--|
| <input type="checkbox"/> children's program<br><input type="checkbox"/> adult program<br><input type="checkbox"/> senior program<br><input type="checkbox"/> health professional program<br><input type="checkbox"/> other _____ | <input type="checkbox"/> health fair<br><input type="checkbox"/> table display<br><input type="checkbox"/> direct distribution to patients |
|--|--|

Are the materials being used for Poison Prevention Week (third full week in March)?

yes                       no