



Executive Child Development Center

at HHS/ED Children's Center

330 C Street, SW, Washington, DC 20201

301-496-9411 ☆ 301-480-4664 fax

Dear ECDC Parent:

Please complete the following information for ECDC's files in case of an emergency. This information will only be provided to emergency personnel as needed.

Furthermore, please inform the Director if your child has any special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes).

Thank you.

Child's Full Name: _____

Child's Date of Birth: _____

Insurance Provider: _____

Group Number: _____

Policy Number: _____

Policy Holder: _____

Policy Holder's Employer: _____

Employer's Address: _____

Primary Care Physician: _____

PCP's Address & Phone: _____

Names of individuals, other than parents, authorized by the family to have access to health information about the child: _____

Parent's Signature: _____

Date: _____