



# Executive Child Development Center

6006 Executive Boulevard, Rockville, Maryland 20852

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: \_\_\_\_\_