

Bennett Babies Child Development Center

700 Monroe St, NE Washington, DC 20017

(202) 526-0440 / (202) 526-1400 Ext. 31 & 41 / Fax (202) 526-1405

EMERGENCY INFORMATION

Child's Name : _____

Birthday : _____

Home Address : _____

Father's Name : _____

Mother's Name : _____

Contact Information

Father : Home : _____

Work : _____

Email : _____

Mobile : _____

Mother : Home : _____

Work : _____

Email : _____

Mobile : _____

Alternate Emergency Contact Person(s)

Name : _____ Phone: _____ Authorized to pick up? Yes ___ No ___

Name : _____ Phone: _____ Authorized to pick up? Yes ___ No ___

Name : _____ Phone: _____ Authorized to pick up? Yes ___ No ___

Medical Information (allergies to medications, foods, other substances, etc.)

Hospital Preference : _____

Child's Doctor : _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature : _____ Date: _____

Operator's Signature : _____ Date: _____