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BAMBINI PLAY & LEARN CDC AND SPANISH IMMERSION PROGRAM

CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name: _____

Birth Date: _____

Address: _____

Parent/Guardian Name: _____

Telephone: Home _____ Work _____

Cell _____

Parent/Guardian Name: _____

Telephone: Home _____ Work _____

Cell _____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)

Name #1: _____

Relationship: _____

Telephone: Home _____ Work _____

Cell _____

Name #2: _____

Relationship: _____

Telephone: Home _____ Work _____

Cell _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Pediatrician's Name:

Address: _____

Telephone: _____

Dentist's name:

Address: _____

Telephone: _____

Hospital name:

Address:

Telephone:

Ambulance Service:

Telephone:

(Parents are responsible for all emergency transportation charges)
CHILD'S HEALTH INSURANCE

Insurance Plan:

ID #

Subscriber's Name (on insurance card):

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR OTHER MEDICAL
EMERGENCY INFORMATION**

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

*As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.*

Parent/Guardian Signature: -----

Date: -----

Parent/Guardian Signature: -----

Date: -----