



## STAFF/VOLUNTEER HEALTH INFORMATION

*Title 5A DCMR Chapter 1, 131.5 (e-f) - A Licensee shall maintain a record for each staff member, including paid employees and volunteers whose activities involve the care or supervision of children at a facility or unsupervised access to children who are cared for or supervised at a facility which shall include current health insurance information; and the names and phone numbers of the staff member's primary licensed health care practitioner and of an emergency contact person.*

Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

First

Middle

Last

Employee Address: \_\_\_\_\_

Number

Street

Apt. (if applicable)

City

State

Zip Code

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

City

State

Zip Code

**Check one:**

I have insurance

I do not have insurance

Health Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

***Person to be contacted in case of an emergency:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Apt.(if applicable)

City

State

Zip Code

Telephone: \_\_\_\_\_

**PLEASE RETAIN A COPY FOR YOUR FILES.**