



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

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.