

Preschool of the Warm Heart  
Emergency Contact Form  
2022-2023

Child's Information			
Child's Full Name		Nickname	
Child's Home Address			
Child's Home Phone #		Date of Birth	
Parent/Guardian #1 Information			
Name			
Cell Phone			
Work Phone			
Email			
Relationship to Child			
Parent/Guardian #2 Information			
Name			
Cell Phone			
Work Phone			
Email			
Relationship to Child			
Other Emergency Contact Information			
Please list any other relatives or neighbors that we may contact in case of emergency and the Preschool is unable to reach the parent(s) or guardian (s):			
Name	Relationship	Phone #	Cell #
Allergy Information			
Does your child have a <u>severe</u> food allergy (i.e. Peanut or Dairy)?			
		No _____	Yes _____
Does your child have an allergy related to bee stings?			
		No _____	Yes _____
If you answered yes to any of the above questions, please see Anna Williams for the <i>Allergy Action Plan Form</i> and explain course of treatment below:			
Medical Care Transportation Release			
In case of emergency, I give Preschool of the Warm Heart permission to initiate transportation of my child to the nearest medical facility.			
Signature of Parent or Guardian:		Date:	