

Preschool of the Warm Heart
Emergency Contact Form
2025-2026

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 sever food allergy (i.e. peanuts or dairy)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your child have a allergy related to bee stings or ant bites?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If you answered yes to any of the above questions, please see the director for the <i>Allergy Action Plan Form</i>			
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:	