

Aldersgate Church Preschool Emergency Contact Form

Child's Information			
Child's Full Name		Nickname	
Child's Home Address			
Child's Home Phone #		Date of Birth	
Home Email Address			
Mother's Information			
Name			
Cell Phone			
Work Phone			
Work Address			
Work Email			
Father's Information			
Name			
Cell Phone			
Work Phone			
Work Address			
Work Email			
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):			
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 _____
<p>If you answered yes to any of the above questions, please see Jan Sloan for the <i>Allergy Action Plan Form</i> and explain course of treatment below:</p>			
Medical Care Transportation Release			
<p>In case of emergency, I give Aldersgate Church Preschool permission to initiate transportation of my child to the nearest medical facility.</p>			
Signature of Parent or Guardian:		Date:	

