

ORANGE United Methodist Church **Preschool** Emergency Contact Form

Child's Name: _____
 home address _____ zip code _____
 home phone _____ date of birth _____
 home email _____

Parent 1 Information:

Name _____
 cell phone _____ work phone _____
 work email _____ work place _____

Parent 2 Information:

Name _____
 cell phone _____ work phone _____
 work email _____ work place _____

Other Emergency Contact Information

Name	Relationship	phone	cell
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Allergy Information:

Does your child have a severe food allergy? Yes ___ No ___ If yes, list foods _____

Does your child have an allergy related to bees stings or ants? Yes ___ No ___

If you answered yes to any of the questions, please see Director and explain course of treatment below: _____

Any Physical limitations? _____

Any Special Needs? _____

Medical Care Transportation Release

In case of emergency, I give Orange UMC Preschool permission to initiate transportation of my child to the nearest medical facility.

Parent or Guardian Signature: _____ Date: _____