Kankakee Area Career Center
4083 N 1000 W Rd
Bourbonnais, IL 60914
Phone 815-939-4971
Fax 815-939-7598
www.kacc-il.org

KACC Preschool Lab Emergency Card

Emergency
Ipecac
Allergies

CHILD'S NAME _____ BIRTHDATE: _____

In Case of Emergency, the Primary Contacts Will Be:

Name	**Relationship**	**Cell/Home Phone #**	**Work Number #**

CHILD'S HOME ADDRESS: _____

MOTHER'S NAME: _____ HOME PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

Mother's Workplace: _____ Work Phone: _____

Father's Workplace: _____ Work Phone: _____

CHILD"S DOCTOR: _____ Phone: _____

CLINIC AFFILIATED WITH: _____

CHILD'S DENTIST: _____ Phone: _____

Significant Medical Information (Include allergies, special conditions, behavior diagnosis etc.)

_____

_____

_____

I give my permission to the Kankakee Area Career Center to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the program.

In case of medical emergency, I understand my child will be transported to:

_____ *(HOSPITAL OF PREFERENCE)*

by the local emergency unit for treatment, at my expense, if the local emergency resource (Police, Rescue Squad) deems necessary.

In the event of an accidental ingestion, I understand that the Kankakee Area Career Center Staff will contact the Poison Control Center. I give my permission for the staff to administer Syrup of Ipecac to my child if directed to do so by Poison Control.

I hereby authorize the Kankakee Area Career Center Childcare Instructor to act on my behalf in case of an emergency.

1. NAME:_____(Relationship)_____

PHONE: _____

2. NAME:_____(Relationship)_____

PHONE: _____

3. NAME:_____(Relationship)_____

PHONE: _____

Parent Signature: _____ **Date:** _____

THE FOLLOWING INDIVIDUAL(S) HAS/HAVE MY PERMISSION TO PICK UP MY CHILD FROM KACC PRESCHOOL:

EMERGENCY CONTACTS IN CASE YOU CAN NOT BE REACHED (Please check with these people ahead of time so they will not be surprised if we call – and please be sure phone numbers are current.)

1. NAME:_____(Relationship)_____

   ADDRESS: _____

   PHONE: _____

2. NAME: _____(Relationship)_____

   ADDRESS: _____

   PHONE: _____

Parent Signature: _____ **Date:** _____