



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

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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:** \_\_\_\_\_