



BEECHER COMMUNITY UNIT SCHOOL DISTRICT 200U

538 MILLER STREET, BEECHER, IL 60401
P: (708) 946-2266 | F: (708) 946-3404

HOME OF THE BOBCATS



_____ Elementary School (708) 946-2202 _____ Junior High (708) 946-3412 _____ High School (708) 946-2266

Student Name: _____ Date _____

Dear Parent(s)/Guardian(s),

According to your child's health records, he/she has an allergy to _____ and a history of an EpiPen ordered by his/her physician. Please be aware of the following:

- As of the date above, you have not provided an EpiPen for the school. Therefore, if your child comes into contact with the aforementioned allergen, emergency medical services (911) may be called.
- Please remember that it is your responsibility as the parent/guardian of the above mentioned child to update the school office with any new medical concerns or changes to his/her health.
- By signing below, you are acknowledging receipt of this information and releasing District 200U from any and all liability concerning your child's attendance at school without the physician-ordered EpiPen.

This form must be on file with the Main Office of your student's school in order for his/her medical file to be considered complete. If you have any questions, please contact Mrs. Angie Cadwallader, District Nurse, at acadwallader@beecher200u.org or (708) 946-2202 x1105.

Sincerely,

Beecher Community Unit School District 200U

To Be Completed By Parent(s)/Guardian(s):

Parent/Guardian Name(s): _____

Relationship(s) to Student Above: _____

Parent/Guardian Signature(s): _____