

APPENDIX IV

EMERGENCY MEDICAL/DENTAL AUTHORIZATION

Student's Name: _____ Date of Birth: _____
Address: _____ Home phone: _____
School: _____ Grade: _____

PURPOSE: For a safer school environment, parent(s) and guardian(s) authorize the provisions of emergency medical/dental treatment for children who become ill or injured while under school authority when parent(s) or guardian(s) cannot be reached.

I/We, the parent(s) and guardian(s) of _____, a student in the School District of Beloit schools, do hereby authorize and direct the principal or his/her designee to provide for my child in the event such child shall have an accident, injury, or illness when immediate medical, surgical, or dental care is needed, provided there shall first be a diligent effort to notify me of the situation, and obtain my preferences by calling me at:

Table with 4 columns: Name of Parent/Guardian, Telephone, Cell Phone, Pager #

If such efforts to get in touch with me are unsuccessful I/We authorize the principal, or his/her designee, to transport my child to the emergency room of the Beloit Memorial Hospital or nearest emergency facility, or to call the paramedics, if the principal or his/her designee deems such action warranted. At the hospital, the child shall be given treatment and care by a duly licensed medical professional.

PLEASE LIST BELOW SPECIFIC MEDICAL INFORMATION, INCLUDING MEDICATIONS CURRENTLY BEING TAKEN, ANY ALLERGIES (SUCH AS TO FOODS, MEDICATIONS, ANIMALS, INSECT/BEEES, OR OTHER ENVIRONMENTAL ALLERGIES), AND ANY HEALTH CONDITIONS THAT SCHOOL NURSES AND SCHOOL PERSONNEL SHOULD BE INFORMED ABOUT. PLEASE LIST ALL THAT APPLY, EVEN IF YOU HAVE LISTED IT ON PAST FORMS.

Health Conditions: _____
Medications currently being taken: _____
Allergies: _____

Would an animal in the classroom cause medical problems for your child? ___Yes ___No
Explain: _____

PREFERRED PHYSICIAN for my child is: _____
Address: _____ Phone #: _____

PREFERRED DENTIST for my child is: _____
Address: _____ Phone #: _____

Signature of Parent/Legal Guardian: _____
Date: _____