

ACADEMY OF THE HOLY FAMILY
Medical Admission Procedures: For All Newly Enrolled Students

ORIGINAL FORMS should be mail/brought to the Nurse's Office once the forms are in compliance with the Academy of the Holy Family requirements. Remember to keep a copy of all forms for yourself.

PART ONE:

The Nurse's Office requires a copy of an inquiring student's **current immunizations, current physical** and a **copy** of our **Confidential Health History Form** (2 pages) to determine if the student will need any updated immunizations and if there are any health problems the student might have.

The Parent/Guardian will be notified if there are any immunizations missing or need updating, which can be done at the same time the student has her **School Physical Examination** completed (State of Connecticut Health Assessment Record Form HAR-3).

PART TWO: (The following forms require only **Parent/Guardian** and/or **Student** signatures.)

1. **Emergency Contact Information/Consent Form** (2 pages)
2. **Copy of Insurance Cards (Including Prescription Card)** – Front and Back
3. **Medication Policy, Agreement and Refill Medication Form** (for any student who will be taking **Prescription and/or Over-the-Counter Medication** while at school) – (1 page)
4. **CIAC (Connecticut Interscholastic Athletic Conference) Student and Parent Concussion Information Consent Form** – (2 pages) Required for all students.
5. **CIAC Student & Parent – Sudden Cardiac Arrest Plan and Consent Form** (1 page) Required for all students.
6. **Consent Form for Seasonal Influenza Vaccine Form** – 1 page

PART THREE: (Please complete the following forms after July 15th and send to Health Office).

The following forms require **both Parent/Guardian** and **Physician's** signature. These forms should be taken with the student when she goes to have her school Physical Examination.

1. **School Physical: (State of Connecticut Health Assessment Record Form (HAR-3) – 3 pages.**
 - a. **Part I** - To be completed, dated and signed by **Parent/Guardian**.
 - b. **Part II** - Medical Evaluation – To be completed, dated and signed by **Physician**. (Be sure date of Exam is written in at top of page).
 - c. **Part III – Immunization Record**. To be completed, dated and signed by **Physician**. **OR** the physician should attach a complete list and dates of the student's immunizations.
2. **Tuberculosis (TB) Risk Assessment** (including a **List of High Incident Tuberculosis Countries**) – 3 pages. (*To be completed at the same time when the school physical examination is preformed*). To be completed, dated and signed by **Physician**.
3. **Over-the-Counter Authorization Form** – 1 page. (*This form allows us to give your student over-the-counter medications if she should need it (headaches, cramps, fever, toothache etc)*). To be completed, dated and signed by **Parent/Guardian** and **Physician**.
4. **Prescription Medication Authorization** (For any student requiring to take **Prescription Medication** while at school) – (1 page) (**Must** use a separate form for each medication or when a change to dosage.) To be completed, dated and signed by **Physician**.
5. **CIAC (Connecticut Interscholastic Athletic Conference) Preparticipation Physical Evaluation** – (2 pages).
 - a. **History Form** – (1 page). To be completed, dated and signed by **Parent/Guardian**.
 - b. **Physical Examination Form** – (1 page). To be completed, dated and signed by **Physician**.

PART FOUR: (For students with either a **Religious** or **Medical Exemption for Immunizations**):

1. **State of Connecticut Department of Public Health: Immunization RELIGIOUS Exemption Statement** – 2 pages. **MUST** be signed by either a Judge or Family Support Magistrate; Clerk/Deputy Clear; Town Clerk; Notary Public; Justice of Peace; an Attorney licensed to practice in the State of Connecticut; Commissioner of the Superior Court; School Nurse.
2. **State of Connecticut Department of Public Health MEDICAL Exemption Certification Statement** – 1 page