

Academy of the Holy Family

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We are pleased that you will be joining us again this year. Please take time to look over the list of forms below that are necessary for the Health Office medical files. **The items that are preceded with an X are required yearly.** The items that are preceded with a will need to be completed ONLY if there have been changes from last year. While at times it may be difficult to complete the necessary physical and immunizations for your daughter, it is expected that these requirements be met **prior** to arrival at AHF. There should be very few needs for immunizations to be obtained while at school. The exception is for International students that do not have access to the required immunizations for the State of CT. All forms listed below are available for completion on the website: ahfbaltic.org

PLEASE NOTE: the following medical personnel are accepted for Physician Signature: Medical Doctor (MD), Dentist (DMD or DSD), Physician's Assistant (PA), or Advanced Practice Registered Nurse (APRN).

FAMILY MEMBERS MAY NOT SIGN FOR THE PHYSICIAN

	Form	Required	Form/Information to be Completed and Signed by
<input type="checkbox"/>	Contact/Emergency Care Form - 2 pages	Make any necessary changes (found on step 4 of Health forms)	Parent/Guardian Signature
<input type="checkbox"/>	Confidential Health History - 2 pages	Make any necessary changes (found on step 3 of Required forms)	Parent/Guardian Signature
<input type="checkbox"/>	Copy of Insurance Cards Front and Back	Only if changed	Parent/Guardian please provide
X	Over-the-Counter Medication Authorization OTC's are given as directed by our School Physician.	Make any necessary changes	Parent/Guardian Signatures
X	Prescription Medication Authorization (Must use a separate form for each prescription)	Yearly and When Changes are Made to Medication(s)	Physician and Parent/Guardian Signatures
X	Medication Policy , Agreement and Refill Method	Yearly	Parent/Guardian and Student Signatures
X	Consent for AHF to obtain Immunization/School Physical (International Students Only)	Yearly	Parent/Guardian and Student Signatures
X	International Students will be required to have a Tuberculosis (TB) Risk Assessment completed by Physician & testing if needed	Yearly	Physician Signature
<input type="checkbox"/>	School Physical Examination (St of Ct Health Assessment Record Form HAR-3) - 3 pages	Required for all new students, also any student entering 9 th or 11 th grade	Parent/Guardian & Physician Signatures -- (MD/PA/APRN)
X	Sports Physical - (May use HAR-3 if having a yearly physical or Physician may use own Sport Physical forms)	All Athletes - Required every 13 months. Student will not be allowed to participate without a current physical	Physician, Parent/Guardian and Student Signatures—(MD, PA, APRN)
X	CIAC Student and Parent Concussion Informed Consent Form & Sudden Cardiac Consent form	All Athletes - Yearly	Parent/Guardian and Student Signatures

If your Daughter has received any new immunizations over the summer, please be sure to forward the Physician's documentation for her medical file with the other required forms. Thank you.

Please feel free to contact me with any questions or concerns. Thank you for your cooperation in this process.

Welcome Back,
 Cheryl L. Johnson, LPN
 School Nurse