

Kindergarten Registration Information
For the 2015-2016 School Year
FAQ

IS MY CHILD ELIGIBLE FOR KINDERGARTEN?

Connecticut law requires public schools to be open to all children who reach the age of 5 on or before the first of January of any school year. [C.G.S.* Sec. 10-15c]. **In order for your child to be eligible for kindergarten, he/she must be born on or before January 1, 2011**

DOES MY CHILD NEED A PHYSICAL EXAMINATION?

Your child will need a physical examination. Physicals are acceptable if they are within one year of date of entry. Please bring the State of Connecticut Department of Education, Health Assessment Record with you to the doctor and return completed form to school with your application. **This form must be received and reviewed prior to the first day of school.**

WHAT DOCUMENTS DO I NEED TO BRING TO REGISTRATION?

- Child's full size Birth Certificate (child must be five on or before [January 1, 2016](#))
- Picture I.D. of Parent (Driver's License, Non-Driver Photo I.D., Valid Passport with photo)
- Child's Health Records (Completed Health Assessment Record, Completed HAR 3 Form, Complete Immunization Record)
- Proof of Residency: (one document from group A and two documents from group B)

A. One of the following documents: Mortgage Deed or Notarized Lease Agreement

B. Two of the following documents: Property Tax Bill, Mortgage Note, Current Utility Bill- UI, Gas, Home Telephone, Water, Updated Voter Registration Card. **Cell Phone Bills are not accepted. All documents must have the same home address and must have the address of the residence on the document.**

IS THERE AN ORIENTATION FOR NEW KINDERGARTEN STUDENTS?

The parents and students will be given an opportunity to visit the kindergarten before the start of the new school year. Our orientation program will be offered in the summer. Details will be available at a later date.

WHERE CAN I OBTAIN REGISTRATION FORMS?

The registration forms can be obtained at any one of our elementary schools and on The Hamden Public Schools' website www.hamden.org.

WHEN AND WHERE IS REGISTRATION?

Parents may obtain and submit registration information at their child's designated elementary school. Registration times and dates are as follows.

○	Friday, March 20th,	1:30 PM – 3:00 PM
○	Monday, March 23rd,	1:30 PM – 3:00 PM
○	Tuesday, March 24 th ,	1:30 PM – 3:00 PM
○	Tuesday, March 31 st ,	5:30 PM – 7:30 PM

Registration will take approximately a half-hour. If you are not sure, which school your child will be attending, please call Central Office (203) 407-2000 or an elementary school in your neighborhood.

WHAT FORMS DO I NEED TO COMPLETE?

The following forms must be completed for kindergarten registration. You may use this checklist to help you keep track of all of the registration requirements.

1.	<input type="checkbox"/>	Registration Form: To be filled out by parent/guardian
2.	<input type="checkbox"/>	Emergency Form: To be filled out by parent/guardian
3.	<input type="checkbox"/>	Home Language Survey: To be filled out by parent/guardian
4.	<input type="checkbox"/>	Hamden Public Schools Internet Use Policy Form: To be filled out by parent/guardian
5.	<input type="checkbox"/>	Permission to Photograph/Videotape Form: To be filled out by parent/guardian
6.	<input type="checkbox"/>	Pre School Observation Form: To be filled out by Preschool/Child Care Provider
7.	<input type="checkbox"/>	Health History Form: To be filled out by parent/guardian
8.	<input type="checkbox"/>	Residency Affidavit: To be filled out by parent/guardian
9.	<input type="checkbox"/>	State of Connecticut Department of Education Health Assessment Form (HAR 3): To be filled out by physician

We look forward to welcoming you and your family to the Hamden Public Schools' community. It is our belief all students will thrive in and be prepared for an ever-changing world when students, families, teachers, and the community form respectful relationships and strong, active partnerships.

Hamden Public Schools
Elementary Registration Card
2015 - 2016

Student's Name: _____ My child likes to be called: _____, Grade: _____

Date of Birth: _____ Gender: Male Female United States Citizen? Yes No

Current Address: _____
(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Racial and Ethnic Identity: Please Check One : Hispanic/Latino Not Hispanic/ Latino

Choose one or more (regardless of ethnicity)

White, Asian, Black or African American, American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : Yes No

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : Yes No

Student's Place of Birth (City and State): _____

Former Address (If applicable): _____

School Last Attended: _____ City and State: _____

Grade(s) Attended: _____ Dates Attended: _____

Pre-Kindergarten Information: Did your child attend pre-school/childcare program? Yes No

If yes, program attended: _____ City and State: _____

Signature of Parent/Guardian

Date



**Hamden Public Schools
Emergency Information
2015 - 2016
Important Please Print**

For Office Use Only
<input type="checkbox"/> Legal Restrictions on the release of child to non-custodial parent
<input type="checkbox"/> Child has a medical condition

Student's Name: _____ Grade: _____ Primary Phone Number:

Date of Birth: _____ Gender: Male Female Primary Email:

Current Address: _____
(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Name of Custodial Parent(s)/Guardian(s): _____

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day.
PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.

Mother/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Father/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: _____	Relationship to Student: _____
Address: _____	
Home Phone: _____	Cell: _____ Work Phone: _____

Name: _____	Relationship to Student: _____
Address: _____	
Home Phone: _____	Cell: _____ Work Phone: _____

Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?
 Yes No **If yes, please specify and provide documentation to the principal.**

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Is there any medical problem that we should be alerted to? _____

Parent/Guardian Signature: _____ Date: _____

Hamden Public Schools
Hamden School Health Services
Health History Questionnaire

Revised 8/27/12

Dear Parent/Guardian,

Please fill out the following health history information if your child is a new entrant to Hamden elementary schools and return to the school nurse. If this is part of the kindergarten packet, please bring the completed form to the school nurse when your register for school along with your child's Immunization records.

1. Identifying Information

Student's Name: _____ Entering Grade: _____ Email: _____

Current Address: _____ Phone: _____ Cell: _____
(Include Apartment/Floor)

Date of Birth: _____ Birth Place: _____ Gender: Male Female

Parent/Guardian Name(s): _____

Last School Attended: _____

2. Early Health and Developmental History

Birth Weight: _____

Please note any complications of pregnancy, labor or delivery, such as illness, infection, long labor, prematurity, etc.: _____

Have you or your primary health care provider identified any developmental problems or concerns?

Yes No

If yes, please explain:

3. Medical Information

Primary Health Care Provider's Name: _____ Phone: _____

Date of last physical exam _____

Findings: _____

Is your child on regular medication? Yes No If yes, please name and explain:

Does your child occasionally need medication for any reason? Yes No If yes, please name and explain:

Does your child have an allergy to:

Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Insects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Latex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____

4. Review of Systems

If your child has/had any of the following within the past 12 months please check and briefly describe.

Head: None/No incidents Loss of Consciousness Pain

Eyes: None/No incidents Squinting Tearing Cross Eyes Loss/Impaired Sight

Ears: None/No incidents Excess Wax Frequent Infections PE Tubes Loss/Impaired Hearing

Nose: None/No incidents Frequent Colds Nose Bleeds Allergies (explain type)

Throat: None/No incidents Frequent Infections Strep Throat Difficulty Swallowing

Mouth & Teeth: None/No incidents Toothaches Cavities Sourness of the Mouth Speech Problems

Lungs: None/No incidents Difficulty Breathing Wheezing Persistent Cough Asthma Infections
(Bronchitis/Pneumonia)

Heart: None/No incidents Murmur Chest Pains Tires Easily Shortness of Breath
 High Blood Pressure Elevated Heart Rate

Stomach & Bowels: None/No incidents Vomiting Diarrhea Constipation Frequent Stomachaches

Bladder & Kidneys: None/No incidents Painful Urination Infections Bed Wetting

Bones & Muscles: None/No incidents Joint Pain Joint Swelling Limp Knee Pain

Growth: None/No incidents Overweight Underweight Anemia (low red blood cells) Too short Too Tall

Skin & Lymph: None/No incidents Rashes Hives Infections Swollen Glands Bruise Easily
Eczema

Hospitalization (explain):

Serious Injury/Accident (explain):

Surgery (explain):

5. Current Behavior and Development

Activities of daily living: Please briefly describe:

Usual sleep pattern (include any problem): _____

Usual eating pattern (include any dietary limitations): _____

Elimination Pattern (indicate any problem with urination or bowel movement):

Exercise Habits:

Behaviors Please check and explain as appropriate. My child...

- is overly active Yes No Sometimes: _____
- is easily distracted Yes No Sometimes: _____
- is very quiet Yes No Sometimes: _____
- has unusual fears Yes No Sometimes: _____
- has temper tantrums Yes No Sometimes: _____
- plays regularly with other children Yes No Sometimes: _____
- can cooperate with other children Yes No Sometimes: _____

Skills Can your child use...

- pencils? Yes No
- crayons? Yes No
- scissors? Yes No

Language

- Can strangers easily understand your child's speech? Yes No
- Is your child under care for speech? Yes No

What languages are spoken at home? _____

6. Family Information

Has your family had any recent significant changes? (death, divorce, move)

If yes, please explain:

Does any immediate family member or relative have any significant medical problem(s)?

If yes, please explain:

Please provide the following information for other children in your family:

Name	Age	Gender	Any Health Problems?	School (if still in school)

Medical Insurance: _____
(please list insurance company)

Type of Health Problem (Please Check)	Explain (please use back of page to provide more information)										
	Unsure	Never	0-6 Months	7-12 Months	13-18 Months	19-24 Months	2 years	3 years	4 years	5-7 years	8-12 years
Ear Problem/Infection											
Anemia (low blood count)											
Cancer/Leukemia											
Other Serious Condition											
Surgery											
Lead Poisoning											
Serious Injury/Accident Hospitalization											

8. School Adjustment

How do you think your child will react on the first day of school?

Is there anything we can do or should know that might help your child in adjusting positively in school?

What does your child enjoy?

Please list your child's interests:

What does your child dislike?

Thank you for your time and assistance. This information will help me to provide appropriate health care for your child in the school setting. Please keep me updated about any future changes in your child's health status.

I can be reached at: _____

Sincerely,

School Nurse

Date

The above information is accurate to the best of my knowledge:

Parent/Guardian Signature

Date

Home Language Survey

Student's Name: _____ Hamden School: _____ Date: _____

Phone Number: _____ Grade Level in Previous School: _____

Date of Birth: _____ Country of Birth: _____ Male Female

1. Language(s) you speak to your child: _____

2. Language(s) your child speaks to you: _____

3. Language your child learned first: _____

4. How long have you lived in the United States? _____

5. Name and phone number of English speaking contact if needed

Name: _____ Phone Number: _____

6. Put an "X" on the grades your child attended in United States schools

None	1	2	3	4	5	6	7	8	9	10	11	12
------	---	---	---	---	---	---	---	---	---	----	----	----

7. a. Date your child entered the U.S.: _____ b. Date your child entered U.S. schools: _____

8. Was your child in a bilingual or ESL/ESOL program? Yes No

If yes, Date completed: _____ Not completed Not sure

School where services were offered: _____
(school name)

Address: _____
(street) (town/city) (state) (zip)

Parent/Guardian Signature: _____ Date: _____

For School Use Only

State and federal guidelines state that all English language learners must be identified and assessed annually. Families can decide on participating only after the student is assessed. Students that opt out do not receive services, but must be assessed annually. It is imperative that we have this information as complete and correct as possible. ELL's receive support accommodations on CMT's and CAPT, and have rigid exiting criteria.

If 2 answers to 1,2, and 3 are not English, the child needs screening.

If the answer to 7a is less than three years, the child needs screening.

If the answer to a past bilingual or ESL/ESOL program is not completed, the family doesn't know, isn't sure, or the records aren't clear, the child needs screening.

Exchange students are not considered for identifying ELL's

If it is indicated that screening is needed, please notify the ESOL coordinator, William Thomas, at he the time of the initial registration by scanning this page and emailing it or sending a fax to 407-2058 and an email. Copy sent to:

_____ Date: _____

Student Name _____

Hamden Public Schools Elementary Student Acceptable Use Policy (AUP) Annual Agreement

Your school has a lot of technology! The computers and other technologies are in your school to help you learn and develop new skills.

It is important that you use all technology in a way that is safe and respectful, both in and out of school. This AUP lists some of the important actions for being safe and respectful with technology.

Place a check next to each item and then sign your name at the bottom. This shows that you understand and agree to each item.

RESPECT

- I will handle all technology carefully and try not to damage it.
- I will only use usernames and passwords that are mine. I will not use another person's account.
- I will not change any settings on the computer without permission from a teacher.
- I will not download music, games, applications or other files without permission from a teacher.
- I will communicate in ways that are kind and respectful whenever I use technology. I will not write, post, or forward anything that might hurt another. This includes text and multimedia messages from a computer, phone or other device.

SAFETY

- I will report to a teacher anything that I see on the computer that might be bad or dangerous.
- I will not give or put private information about myself or anyone else on the Internet.
- I know that anything I do on the computer can be seen or recorded by another.
- I will only try to access Websites that are related to my school work.

FAIRNESS

- I will not make illegal copies of music, games or videos,
- I will not copy and paste words of others and claim they are my own (plagiarism).
- I will not copy and paste pictures or videos made by others and claim they are my own (plagiarism).

I agree to use technology as stated above. I understand that if I do not, I may lose my privileges to use technology at school or receive other penalties from teachers, principals, my parents, or other officials.

Student Signature _____ Date _____

Parent Signature _____ Date _____

If more space is needed, please use back of page.

4. The Student(s) has/have resided at this address since _____.

5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s) is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.

6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.

7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.

8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: _____, 201_____, Connecticut
Month Day Year Town/City

By: _____

This document must be witnessed and signed by another person over the age of 18:

Witness

Hamden Public Schools
Permission to Photograph/Video Tape

In connection with the educational programs in our school building, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or PTA newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, to train staff members, or as part of a public performance.

In order to grant the school district permission to photograph and/or videotape your child parents/guardians of all students must complete and return the form below.

I hereby give permission for my child _____ to be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

Parent/Guardian Name (please print)

Parent Guardian Signature

Date

Please note: As per the Hamden Public Schools Web Site Policy (6141.311), no personal information and/or identification of any student (other than first name, and last initial) may be contained in a school web site, whether in conjunction with published photograph or not.

HAMDEN PUBLIC SCHOOLS HEALTH ASSESSMENT AND IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

Connecticut law requires that every student entering a public school system must meet certain health requirements before being allowed to begin school. Hamden Public Schools complies with these requirements including immunizations and state mandated health assessments.

The same requirements apply to all students entering private and parochial schools that receive nursing services through Hamden Public Schools.

NO STUDENT MAY ENTER SCHOOL UNTIL THESE REQUIREMENTS HAVE BEEN SATISFIED.

HEALTH ASSESSMENTS

Hamden Public Schools requires physical examinations before a student may enter Pre-School, Kindergarten, Seventh Grade, and Eleventh Grade or the first time a student enters Hamden Public Schools from outside of Connecticut.

A physical exam is also required for a student re-entering Hamden Public Schools who has not received the grade appropriate required state physical.

Physical examinations must be recorded on the current Connecticut Form HAR-3. **The first page of the form must be completed and signed by the parent/guardian.** Pages two and three must be completed and signed by the primary health care provider.

Students transferring from out of state who do not have the required physical examination on the current Connecticut Form HAR-3 must submit an equivalent examination and form completed in another state by a physician, PA or APRN, performed within one year of the date of entry into school.

REQUIRED PHYSICAL EXAMINATIONS:

Pre-School Students: A physical examination must be performed within one year before the date of entry into school, and yearly while in pre-school.

Kindergarten Students: A physical examination must be performed within one year before the date of entry into school (This is in addition to the Pre-School physical examination).

First through Sixth Grade Students: Each student must show proof of either a Connecticut Kindergarten physical examination or a physical examination performed within one year before the date of entry into school.

Seventh through Tenth Grade Students: Each student must show proof of either a Connecticut Sixth Grade physical examination or a physical examination performed within one year before the date of entry into school.

Eleventh and Twelfth Grade Students: Each student must show proof of either a Connecticut Tenth Grade physical examination or a physical examination performed within one year before the date of entry into school.

Additional Health Assessments may be required of any entering student if the School Medical Advisor determines it is necessary for the protection of the student or others in school.

IMMUNIZATIONS

Students must show proof of completing Connecticut State Immunization Requirements before entering school.

Students who have not yet completed these requirements may enroll in school only if they have received at least the first dose of each required vaccine and continue on the recommended schedule to complete the remainder of these immunizations.

Students entering Hamden Public Schools from an area of high risk for tuberculosis, as determined by the World Health Organization, are required to have a recent PPD, and show proof of the results, or provide results of an interferon-gamma release assay (a blood test) prior to entering school.

The only acceptable proof of immunizations is a document listing the immunizations administered and the dates received (mm/dd/yr). This document must be signed by the student's primary health care provider or an authorized Department of Health Official.

Document proof of immunity is only acceptable for Measles, Mumps, Rubella, Varicella, Hepatitis A and Hepatitis B. Verification of disease, by history, from an MD, PA, or APRN, is acceptable only for Varicella.

Exemptions from Connecticut State Immunization Requirements for medical or religious reasons are valid only with appropriate documentation. Exemption application forms are available from the School Nurse or at

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388416>

Students transferring from another Connecticut school system should obtain a copy of their immunizations and last state-required health assessment from their previous school. This will simplify the process of enrolling the student in Hamden Public Schools.

Please call your school's Nurse or Hamden School Health Services at 203- 407- 2084 if you have any questions about these requirements.

Revised
1/14/13



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? Y N		
Does your child have dental insurance? Y N		

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)						Diabetes	Y	N
Any immediate family members have high cholesterol						ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	*HCT/HGB:	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced

If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program

participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports

participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider	MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
-----------------------------------	---------------------	-------------	--

Student Name: _____ Birth Date: _____

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
 Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Signature of health care provider	MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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HAMDEN SCHOOL HEALTH SERVICES

PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

Student's Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Medical Health Care Provider: _____

(Name)

(Organization)

(Address)

(Telephone Number)

I hereby authorize the medical health care provider listed above and the Hamden School Health Services staff to release and exchange medical information (both verbally and in writing) concerning my son/daughter named above. I further authorize the Hamden School Health Services staff to share such health information on a confidential basis with appropriate staff who have legitimate educational interest in such information. I understand that this information may be used only for such educational purposes, and that it will be maintained as confidential as provided by the Family Educational Rights and Privacy Act, 20, U.S.C. Section 1232g.

This consent is effective indefinitely or from _____ to _____.

Also, this consent is subject to revocation in writing at any time. Any such revocation will operate to prevent disclosure of further information by and between the Hamden School Health Services and the health care provider(s) named above.

I am (please check one)

Parent

Legal Guardian

Signature of Parent/Legal Guardian

Date

