

HEALTH PACKET CHECKLIST 2023-2024

For Every Student

- Emergency Card → Needed for emergencies. Please fill out completely.
Emergency Contacts need to have transportation available.
- Authorization for Disclosure → to communicate information with your Doctor / Provider
- Authorization for the administration of aspirin like substitutes → to Give Tylenol and/or Ibuprofen as needed→Parent/Guardian signature required
- Authorization for over the counter meds→ Doctor/Provider signature required
- Epinephrine declination
- Most recent Physical Form** (Health Assessment Record) –usually the blue form from your child’s health care provider including current immunization record.
May send a copy of this form with immunization schedule or have the Provider fax form directly to us at the Fax # below.
This is required by State of CT for grades K, 6 or 7 and grades 9 or 10. Please provide a copy of this form with other forms from your enrollment packet to the school upon start of school year 2023-2024.

As Needed

- Authorization for the administration of medication by school Personnel→ when a student takes medications during school day
- Medication List – Please list any medications taken at home & report any med changes (This is helpful to be able to observe for any side effects that may occur during the school hours & notify you as needed)
Cheryl.Armstrong@hhchealth.org
- Self-Administration of Emergency Med → student carrying an Epi-pen, inhaler or glucose testing

Thank you for your time,

Cheryl Armstrong RN
Natchaug Hospital CDT Schools
Cheryl.Armstrong@hhchealth.org
860-705-6500 (cell)
Fax#: