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,

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Revised: 5/2023 Nurse Cheryl