Shepaug Valley School
159 South Street
Washington, Connecticut 06793
Fax: (860)-868-6260

Health Office
Edith Poidomani, RN, MS, NBCSN
Phone:(860)-868-6205

Dear Parent(s)/Guardian(s),

The school website now has **ALL** the required forms needed for the 2019-2020 school year. Please complete and return appropriate forms for your child to the health office. Please note the following:

- All students entering 6th and 10th grade (2019-2020) school year are mandated by the State Dept. of Education to have a complete physical exam (health assessment). Please have your child's physician complete the **HEALTH ASSESSMENT RECORD** form. Please note that (Part 2-Medical Evaluation) must be completed and documented by the physician in its entirety, to include all areas that have an asterisk (*) Hemoglobin/Hematocrit, Vision, Hearing, and Postural Screening, Height/Weight/Blood Pressure, Chronic Disease Assessment and Record of Immunizations. In addition, (Part 3-Oral Health Assessment/Screening) must also be completed by a Dentist or Physician. A signature is needed by the parent/guardian at the bottom page of Part 3. The front page of the Health Assessment form is to be completed by the parent)/guardian. Health Assessments are also required for new incoming students **PRIOR** to enrollment (to include **UPDATED** immunization requirements). To claim a RELIGIOUS EXEMPTION, the State of Connecticut exemption statement must be submitted to the school nurse **BEFORE** enrolling in the school for the first time AND **BEFORE** entering 7th grade.
- If your child participates in sports, a yearly physical is required. Please have your Physician complete the **Health Assessment Record Form**.
- ALL students must have the **Emergency Contact Form** filled out and returned **each school year**. It is essential to have emergency contact phone numbers on file in the health office. Please review and complete the form in its entirety.
- The **Authorization for Administration of Medication** form is to be used for **any** medication your child will receive at school. The "Authorization for Medication form" must be completed by the physician and parent/guardian if your child needs to take medication regularly in school (start and termination dates not to exceed a 12-month period). This includes the Physician's order for Epipen/Antihistamine if your child has been diagnosed with Anaphylaxis/Allergies. **(Allergy and Anaphylaxis Emergency Plan form needed for Epipen orders).**

Please contact the school nurse at 860-868-6205 or email at poidomanie@region-12.org if you have any questions/concerns. Thank You in advance for your cooperation.

Mail forms to:
Shepaug Valley School
Health Office/Attn: School Nurse
159 South Street
Washington, CT 06793