

WATERFORD PUBLIC SCHOOLS
(to be sent to incoming Kindergarten students)

Dear Parent/Guardian:

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine prior to school entrance in Connecticut (C.G.S. Sections 10-204a and 10-206). Immunization updates and additional health assessments are required in the 6th grade and in the 9th grade.

We are looking forward to having [Student Name] in our upcoming Kindergarten class. In order to complete the registration process and to assure a smooth start of the school year, the following pieces of information are needed:

- **Physical Exam:** completed within 12 months prior to the first day of kindergarten school year
- **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 separated by at least 28 days; first dose on or after 1st birthday.
- **Hep B:** 3 doses; last dose on or after 24 weeks of age.
- **Varicella:** 2 doses separated by at least 3 months, first dose on or after the 1st birthday OR verification of the disease.
- **Hib:** 1 dose on or after 1st birthday for children less than 5 years old.
- **Pneumococcal:** 1 dose on or after 1st birthday for children less than 5 years old.
- **Hepatitis A:** 2 doses given 6 months apart; first dose on or after 1st birthday.

Should you have any questions or concerns about the above information, please do not hesitate to call me at [Phone Number].

Thank you,

School Nurse

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 5 students in the Spring)

Dear Parent/Guardian:

This letter is written to provide you with information regarding your future 6th grade student. The Waterford Board of Education, in compliance with the Connecticut School Health Law (P.A. 80-440), requires health physicals **during the 6th grade**. The assessment considered valid if it is completed any time **after** the last day of the student's **5th grade school year**, which for this school year is June [Last Day of School]. It must be completed before your child enters 7th grade.

The following are the requirements to meet the law:

- Health physical dated **after** June [Last Day of School], with proof of blood work (hematocrit-Hct or hemoglobin-Hgb) on the physical report.
- Two (2) immunizations against measles (MMR)
- Two (2) immunizations against chicken pox (Varicella)
- Three (3) doses of Hepatitis B
- Three (3) doses of Polio; the last dose must be given on or after 4th birthday
- Proof of Tdap vaccine
- Proof of Meningococcal vaccine (McV4)

Entrance into 7th grade *will be denied* without compliance to these health physical requirements.

If there are any questions and/or problems obtaining a physical, or if a form is needed, please contact your school nurse, [Name], at [Phone Number] or the nurses at Clark Lane Middle School at 860-437-6977.

Sincerely,

Principal

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 6 students in the Fall)

Dear Parent/Guardian:

The Waterford Board of Education, in compliance with the Connecticut School Health Law (P.A. 80-440), requires health assessments during the 6th grade. The assessment is considered valid if it is completed **twelve** months prior to entrance into the 7th grade.

In addition to the kindergarten requirements, the following are required for students to enter 7th grade:

- Health physical dated after June [Last Day of School]
- Bloodwork: either a **hematocrit (Hct)** or **hemoglobin (Hgb)** dated after June [Last Day of School]
- Proof of two (2) immunizations against measles (MMR)
- Proof of **two (2)** immunizations for chicken pox (Varicella)
- Proof of three (3) doses of Hepatitis B vaccine
- Proof of a Tdap vaccine
- Proof of the meningitis (McV4) vaccine

If there are any questions, please contact your school nurse at 860-437-6977.

Thank you,

Principal

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 6 students in the Winter)

Dear Parent/Guardian:

During the course of the year, we informed you about the Connecticut School Health Law (P.A. 80-440), which requires evidence of a health assessment during the 6th and 10th grades. School records indicate your child still needs:

- Proof of Health Assessment (physical exam dated after June [Last Day of School of the Previous Year])
- Proof of Bloodwork (hematocrit (Hct) **or** hemoglobin (Hgb) dated after June [Last Day of School of the Previous Year])
- Proof of second immunization for chicken pox (Varicella)
- Proof of Tdap vaccine
- Proof of second immunization against measles (MMR)
- Proof of at least three (3) doses of Hepatitis B vaccine
- Proof of Meningococcal vaccine (McV4)
- Other: _____

The Waterford Board of Education policy states that failure to adhere to the above requirements will result in exclusion from school next August.

Assuring the health of students is achieved only through a collaborative effort of all involved.

Please return the completed form(s) to the school nurse by June 1, [Year]. For further assistance, or if you need the required form, contact your school nurse at 860-437-6977. Thank you.

Sincerely,

Principal

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 6 students in the Spring)

Dear Parent/Guardian:

During the past school year, you received three letters concerning the Connecticut School Health Law (P.A. 80-440), which requires evidence of a health assessment during the 6th grade year. School records indicate your child still needs proof as noted below. The Waterford Board of Education Policy states that failure to adhere to these health requirements will result in exclusion from school. *Please address this issue so we may send the information to your child about team placement for the next school year.* Assuring the health of all students is achieved only through a collaborative effort of all involved.

- Proof of Health Assessment (physical exam dated after June [Last Day of School of the Previous Year])
- Proof of Bloodwork (hematocrit (Hct) **or** hemoglobin (Hgb) dated after June [Last Day of School of the Previous Year])
- Proof of second immunization for chicken pox (Varicella)
- Proof of Tdap vaccine
- Proof of second immunization against measles (MMR)
- Proof of at least three (3) doses of Hepatitis B vaccine
- Proof of a meningitis vaccine (McV4)
- Other: _____

Please return the completed form(s) to the school nurse at Clark Lane Middle School. If you have any questions, please call the school nurse at 860-437-6977.

Thank you for your cooperation.

Sincerely,

Principal

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 8 students in the Spring)

Dear Parent/Guardian:

This letter is written to provide you with information regarding your future 9th grade student. The Connecticut School Health Law (P.A. 80-440) required high school students to have a physical before entering 11th grade. In order to meet this requirement, students may have their physical completed in 9th or 10th grade. Your current 8th grade student can have their physical done as early as June [Day After Last Day of School], or anytime through the last day of 10th grade. Physicals done within that time period are acceptable for entrance into 11th grade. **Entrance into 11th grade will be denied without compliance to the health assessment requirement. It should be noted that this health assessment is separate from the requirement to participate in any competitive school sport, which requires a physical that is current within a year to cover each sport season.**

Timely planning avoids exclusion from school for those not in compliance. A Health Assessment form is enclosed and should be returned to the high school nurse. Please make sure that all categories with an asterisk (*) are completed, since this information is mandated by state law.

Please contact your school nurse if you have any problem obtaining a physical. Eligibility for free or reduced meals under the National School Lunch Program entitles recipients to a health assessment at no cost. Please call the school nurse at 860-437-6956 if you have any questions.

Providing a safe health plan for individual students is a concern for all parents, health providers, and schools. Confidential health assessments assist in this achievement.

Thank you for your anticipated cooperation.

Sincerely,

Principal

WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 10 students in the Fall)

Dear Parent/Guardian:

The Waterford Board of Education, in compliance with the Connecticut School Health Law (P.A. 80-440), requires, at the high school level, health assessments during the 9th or 10th grade. **Entrance into 11th grade will be denied without compliance to the health assessment requirement. It should be noted that this health assessment is separate from the requirement to participate in any competitive school sport, which requires a physical which is current within a year to cover each sport season.**

Timely planning avoids exclusion from school for those not in compliance. A Health Assessment form is enclosed and should be returned to the school nurse. Please make sure that all categories with an asterisk (*) are completed as this information is mandated by state law.

Please contact the school nurse at 860-437-6956 if you have any problem obtaining a physical. Eligibility for free or reduced meals under the National School Lunch Program entitles recipients to a health assessment at no cost.

Providing a safe health plan for individual students is a concern for all parents, health providers, and schools. Confidential health assessments assist in this achievement.

Thank you for your anticipated cooperation.

Sincerely,

Principal

**WATERFORD PUBLIC SCHOOLS
(to be sent to Grade 10 students in the late Winter/early Spring)**

Dear Parent/Guardian:

The Connecticut School Health Law (P.A. 80-440), requires evidence of a health assessment during the 9th or 10th grade. School records indicate that your child still needs proof of a health assessment.

The Waterford Board of Education policy states that failure to adhere to the health requirement will result in denial of entry into 11th grade.

The health and well-being of our student community is our priority in order to promote academic success. Please address this issue as soon as possible. The Connecticut State health form is included. Please make note that all asterisked (*) categories must be complete as they are mandated. Please return the completed form to the school nurse by June 1, [Year].

For further assistance you may contact the school nurse at 860-437-6956.

Sincerely,

Principal

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

MEDICAL EXEMPTION FORM

Children with medical exemptions shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school. All susceptible students will be excluded from school based on public health officials' determination that the school is a primary site for disease exposure, transmission and spread into the community. Students excluded from school for this reason will not be able to return to school until (1) the danger of the outbreak has passed as determined by public health officials, (2) the student becomes ill with the disease and completely recovers, or (3) the student is immunized. For example, for measles the complete incubation period is eighteen (18) days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes (Connecticut General Statutes Sections 19a-7f and 10-204a), no child may be admitted to school without proof of immunization or a statement of exemption. Parents or guardians seeking an exemption on the bases that a given immunization is medically contraindicated should attach to this form a statement signed by their physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated (e.g. hypersensitivity to a vaccine component, demonstrated reaction to vaccine, etc.). In addition, the parents/guardians should complete the following statement and return it to the school nurse.

.....
To Whom It May Concern:

As the parent(s)/guardian(s) of _____
(Name of Student)

I/we are submitting the enclosed documentation from a physician that immunization of this child is medically contraindicated. Therefore, this child is exempt from receiving the required immunization as specific by the physician, and shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Address

Telephone



State of Connecticut
Department of Public Health
Religious Exemption Statement

(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 10-204a so that the student may enroll in school for the first time or enter seventh grade at _____ school.
2. I am the lawful parent guardian of the student.
3. Immunizing said student would be contrary to student's parent's guardian's religious beliefs.
4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Conn. Gen. Stat. §§ 10-204a and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible children, including the student will be excluded from school if a public health official determines that the school is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the student shall be excluded from school until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s)

Date

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s)

Date

Address (Street & House or Apt. no.)

Telephone(s) no.

City, State and Zip Code

TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE PUBLIC OR NON-PUBLIC SCHOOL BEFORE ENROLLING IN THE SCHOOL FOR THE FIRST TIME AND BEFORE ENTERING SEVENTH (7TH) GRADE.

ACKNOWLEDGEMENT

STATE OF CONNECTICUT :
 :
COUNTY OF _____ : SS:

On this the _____ day of _____, _____, before me, _____ the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Judge
Family Support Magistrate
Clerk/Deputy Clerk (include seal)
Town Clerk
Notary Public My Commission expires (_____))
Justice of the Peace
Commissioner of the Superior Court (bar no. _____))
School Nurse (license no. _____))