

Saint John School Health Requirements and Yearly Health Forms

Dear Parents/Guardians of Saint John School Students,

Welcome! I am in school daily from around 9 A.M. to 3 P.M. Feel free to contact me at 860-388-0849 with any concerns.

- ANNUAL HEALTH UPDATE:** This form is required each year for every student.
- SPORTS PHYSICALS:** **ALL** students who play interscholastic sports **must** have a current sports physical on file with the school nurse to participate. Sports physicals are “valid” for 13 months from when the exam was completed and must be on the State of Connecticut “Blue” form with the parent portion completed.
- PHYSICALS:** Physical examinations are mandated by the State of Connecticut **prior to entrance into Pre-K and Kindergarten** and **during the 6th grade year**. Physicals must be submitted on the appropriate state forms. ALL Kindergarten and NEW Pre-K student physicals need to be submitted to the nurse prior to the first day of school, as proof of immunization is a state requirement for starting school.
- IMMUNIZATIONS:** All newly enrolled students must submit proof of Immunizations before a child is permitted to attend school. Please also send proof of any other Immunizations that your student had in the past year.
- MEDICATION ADMINISTRATION INFO:** Tylenol will only be offered to students in Grades 6-8 with parent permission. Ibuprofen will be offered to girls in Grades 5-8 with parent permission. Permission is given by signing the authorization form. A doctor’s order is required to administer Tylenol for Grades PreK-5. Parents must supply a labeled bottle for their children. All other medications including cough drops and inhalers must have a signed Doctor’s order sheet with parental permission signed at the bottom of the sheet. Medications must be hand delivered to the school by the parents. Medications must be labeled with the correct pharmacy documentation on them.
- EMERGENCY CARDS:** Emergency cards need to be filled out for each family as they are used to reach parents/guardians in case of illness or emergency. Please notify the main office of any emergency care information changes during the school year. Please list an emergency contact especially if someone other than a parent/guardian picks your child up or there are times you cannot be reached. Please be sure emergency contacts are aware their name is listed.
- INFORMATION and REMINDERS:**
1. If your child is injured and receives stitches, a splint, or a cast, you must bring/send a note from your child’s doctor to the school nurse on the day the child returns to school. This note should specify the type of injury and any restrictions the child may have, i.e. physical education or recess.
 2. Students with casts will **not** be allowed to participate in interscholastic sports or gym even with a doctor’s note.
 3. The State of Connecticut has started an initiative to make sure the ALL children have health insurance. If you need more information, please contact me or their website www.huskyhealth.com or by phone at 1-877-CT-HUSKY.
 4. Many of the forms I am sending out will be on the Saint John School website: www.saintjohnschool.com.

If you have any questions or concerns, please feel free to contact me.

Kim Henion, RN

Annual Saint John School Required Health Forms

Please complete for each student and return by email (nurse@saintjohnschoolos.org) or print and send in with your child.

Student Name: _____

Grade: _____

Annual Health Update

My child may participate in all activities including Physical Education. Yes _____ No _____

My child is currently taking medication. Yes _____ No _____

Name of Medication _____ Will student need at school? Yes _____ No _____

If medication is to be given at school, an **Authorization for Administration of Medication by School Personnel** form must be signed yearly and on file in the Health Office. These forms are available from the School Nurse.

Please list/explain if your child has any MEDICAL CONDITIONS (Neurological, Cardiovascular, Respiratory, Gastrointestinal, Musculoskeletal, Educational, Asthma, Skin, Hearing/Vision, or Emotional):

My child has the following ALLERGIES (Life threatening. Peanut/Tree Nut, Environmental, Food, Bee Sting, Medication or Other): Please list reaction and if medication needed.

Is there anything you would like to discuss with the school nurse? Yes _____ No _____

Please indicate if the following list of Non-Prescription Topical Medications/Treatments **are okay and MAY BE USED** for your child. The list below of "NON-PRESCRIPTION TOPICAL MEDICATIONS/TREATMENTS" have been approved by Nicholas Condulis, MD, FAAP, the School Medical Advisor for use at school. The School Nurse will assist in the assessment of the student's condition and appropriately use these medication/treatments.

1. Alcohol Prep pads (wound cleaning/piercings)
2. Anti-microbial wipes/Bactine (wound cleaning/piercings)
3. Antibiotic Ointment/Bacitracin
4. Calamine Lotion/Caladryl (skin irritation relief)
5. Hydrogen Peroxide 3% (wound cleaning)
6. Ice Packs
7. Liquid BandAid
8. Moisturizer/Hand Lotion
9. Petroleum Jelly/Vaseline (chapped lips)
10. Saline eye wash
11. Saline Contact Solution for contact care

All OK: Yes _____ No _____

Parent/Guardian Signature: _____

Date: _____

SAINT JOHN SCHOOL STUDENT EMERGENCY CONTACT INFORMATION

Please complete and either email completed form to nurse@saintjohnschoolos.org
or fax printed form to 860-388-6265 or mail to Saint John School

FAMILY LAST NAME: _____

ADDRESS: _____

1. Name: _____ DOB: _____ Grade: _____

Allergies: _____

2. Name: _____ DOB: _____ Grade: _____

Allergies: _____

3. Name: _____ DOB: _____ Grade: _____

Allergies: _____

4. Name: _____ DOB: _____ Grade: _____

Allergies: _____

Parent/Guardian Information Please place "M" by phone # for medical issues during school

	Parent/Guardian 1	Parent/Guardian 2	Parent/Guardian 3
Name			
Relationship			
Lives with Child			
Home Phone			
Cell Phone			
Work Phone			
Employer			
Email			

Emergency contact will be called ONLY after attempting to contact Parents/Guardians

	Emergency Contact (Not Parent or Guardian)
Name	
Relation to Student	
Best Phone to Reach	

Student's Physician

Name:	Phone:
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Student's Dentist

Name:	Phone:
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I authorize the contacts listed above to discuss health matters with the school nursing staff and make health care decisions. **Yes** _____ **No** _____

In the event of a serious medical emergency or accident, and I cannot be reached, I authorize the school personnel to have my child treated by a readily available physician, hospital or emergency facility. **Yes** _____ **No** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

THIS APPLIES TO GRADES 5-8 ONLY

***AUTHORIZATION TO ADMINISTER NON ASPIRIN/ACETAMINOPHEN (TYLENOL)
to Students in Grades 6 – 8***

For students in Grade 6 – 8:

I **DO** **DO NOT** authorize the school nurse with a standing order from the school medical advisor to administer acetaminophen (Tylenol) medication at his/her discretion to my child

_____.

Signature of Parent/Guardian

Date

***AUTHORIZATION TO ADMINISTER IBUPROFEN (generic Advil/Motrin)
for FEMALES in GRADES 5 – 8***

For FEMALE students in Grade 5-8:

I **DO** **DO NOT** authorize the school nurse with a standing order from the school medical advisor to administer ibuprofen medication, up to four (4) doses per month, for dysmenorrhea (menstrual cramps) at his/her discretion to my child _____.

Signature of Parent/Guardian

Date

Saint John School
Following precedence of
Old Saybrook Public Schools

**REFUSAL or APPROVAL FOR USE
OF EPINEPHRINE FOR EMERGENCY FIRST AIDE**

Name of Child: _____ Date of Birth: _____

Address of Child: _____
Street City State Zip

Name of Parents: _____

Address of Parent(s): _____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the school nurse that epinephrine shall not be administered to such student in emergency situations. This form is provided for parents to indicate their preference in the administration of epinephrine and is only valid for the 2025-2026 school year.

Refusal I, _____, (print name of parent/guardian) the parent/guardian of _____, (print student's name) **refuse to permit the administration** of epinephrine to the above named student for purposes of emergency first aide in the case of an allergic reaction.

Approval I, _____, (print name of parent/guardian) the parent/guardian of _____, (print name of student) **permit the administration** of epinephrine to the above named student for purposes of emergency first aide in the case of an allergic reaction.

Signature of Parent/Guardian: _____

Date: _____

Please return the completed original form to Saint John School's Nurse.