

Darien Public Schools • Administrative Offices

P.O. Box 1167 • Darien, Connecticut 06820-1167 • Tel. 203-656-7400 • Fax 203-656-3052

January 2012

Dear Parents:

Kindergarten registration will take place in Darien elementary schools in late January and early February. In order to be eligible to attend kindergarten in 2012-2013, children must be five years of age on or before January 1, 2013.

Registration is scheduled for two days in each of the elementary schools, as follows:

Ox Ridge School	January 23 & 24	Hindley School	Jan 31 & Feb 1
Tokeneke School	January 25 & 26	Royle School	February 2 & 3
Holmes School	January 27 & 30		

In order to facilitate the registration process, parents should follow the schedule below:

Last Names,	1 st day,	A-G	9:30 a.m. – 12:00 p.m.
		H-M	1:00 p.m. – 3:00 p.m.
	2 nd day,	N-S	9:30 a.m. – 12:00 p.m.
		T-Z	1:00 p.m. – 3:00 p.m.

If it is not possible for you to register your child on the scheduled day or at the scheduled time, please call the school secretary at the appropriate number below, then press "0" for the main office, to schedule a different time.

Hindley School – 655-1323	Royle School – 655-0044
Holmes School – 353-4371	Tokeneke School – 655-9666
Ox Ridge School – 655-2579	

Forms are attached which should be completed prior to registration. **Please bring completed forms with you.** In addition, you **must present** the following at time of registration:

child's birth certificate immunization record proof of residency

A brief conference with the school nurse will be held. Parents who wish to arrange hearing and vision screening for their child may make an appointment at a later time.

Children need not be present at the registration.

Sincerely yours,

The Elementary School Principals:

Paula Bleakley, Holmes School
Rita M. Ferri, Hindley School
Keith Margolus, Royle School

Mary Michelson, Tokeneke School
John F. Rechi, Ox Ridge School



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2012-2013 SCHOOL YEAR

PRESCHOOL

(Children entering between 24-59 months of age)

DTaP:	4 doses
Polio:	3 doses
MMR:	1 dose on or after the 1 st birthday
Hep B:	3 doses, last one on or after 24 weeks of age
Varicella:	1 dose on or after the 1 st birthday or verification of disease
Hib:	1 dose on or after the 1 st birthday
Pneumococcal	1 dose on or after the 1 st birthday
Influenza:	1 dose administered each year between August 1-December 31 st (2 doses separated by at least 28 days required for those receiving flu for the first time)
Hepatitis A	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday



KINDERGARTEN

DTaP:	At least 4 doses. The last dose must be given on or after 4 th birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after the 1 st birthday; or verification of disease
Hib:	1 dose on or after the 1 st birthday for children less than 5 years old
Pneumococcal	1 dose on or after the 1 st birthday for children less than 5 years old
Hepatitis A	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADE 1

DTaP:	At least 4 doses. The last dose must be given on or after 4 th birthday.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after the 1 st birthday; or verification of disease

GRADES 2-6

DTaP /Td/Tdap:	At least 4 doses. The last dose must be given on or after 4 th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	1 dose on or after the 1 st birthday; or verification of disease

GRADES 7-8

Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
Meningococcal	1 dose
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after the 1 st birthday; or verification of disease

GRADE 9-12

Td/Tdap:	At least 3 doses. The last dose must be given on or after 4 th birthday. Students who start the series at age 7 or older only need a total of 3 doses one of which should be Tdap.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	For students <13 years of age, 1 dose given on or after the 1 st birthday; for unvaccinated students 13 years of age or older, 2 doses given at least 4 weeks apart; or verification of disease

Important Reminders:

- DTaP vaccine is not given on or after the 7th birthday and may be given for all doses in the primary series.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated. Tdap is only licensed for one dose.
- Hib is not required for children 5 years of age or older.
- Pneumococcal is required for all Pre-K and K students born on or after 1/1/2007 and less than 5 years of age.
- Hepatitis A is required for all Pre-K and K students born on or after 1/1/2007.
- Hep B requirement for school year 2012-2013 applies to all students in grades K-12. Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 should not be given before 24 weeks of age.
- Second MMR for school year 2012-2013 applies to all students in grades K-12.
- Lab confirmation of immunity is **only** acceptable for Hep B, Hep A, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA DISEASE:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.
- For the full legal requirements for school entry visit www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1

New Entrant Definition:

*New entrants are any students who are new to the school district, including preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All students entering kindergarten**, including those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements – they are not considered new entrants.

Commonly Administered Combination Vaccines:

<u>Vaccine:</u>	<u>Brand Name:</u>	<u>Vaccine:</u>	<u>Brand Name:</u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Prennar
HIB-Hep B	Comvax	PCV13	Prennar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix

DARIEN PUBLIC SCHOOLS

Student Name: _____	Date of Entry: _____
----------------------------	-----------------------------

Student I.D.: _____ Grade: _____ Gender: _____ Birth date: _____
(school assigns) (mm/dd/yy)

Last Name: _____ First Name: _____ Middle: _____

Address: _____
House # Street Apt. #

Home Phone: _____

Birthplace: City: _____ State: _____ Zip: _____ Country: _____

Citizen Status: U.S. _____ Other _____ Specify: _____

Name of Previous School: _____

Address: _____ City: _____ State: _____ Zip: _____

Public? _____ Private? _____ Grade Completed: _____ Date: _____

Date of Entry into U.S. Schools _____

Father's Name: _____ Email Address: _____

(Marital Status: Married, Separated, Divorced, Widowed, Guardian) Legal Custody* _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

Father's or Guardian's Firm or Occupation: _____

Business Address: _____ Phone: _____

Mother's Name: _____ Email Address: _____

(Marital status: Married, Separated, Divorced, Widowed, Guardian) Legal Custody* _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell : _____

Mother's or Guardian's Firm or Occupation: _____

Business Address: _____ Phone: _____

*If separated or divorced, who has legal custody of this child?

*It is our policy to share information with both parents unless we are advised otherwise.

Dominant Language Information is required by state law. **PLEASE ANSWER ALL FOUR QUESTIONS:**

First language spoken by student: _____

Current language spoken by student: _____

Primary language spoken by parents: _____

Dominant language spoken in home: _____

NAME AND BIRTH DATE OF BROTHERS AND SISTERS UNDER 21 YEARS OF AGE

NAME _____ MO DA YR _____ NAME _____ MO DA YR _____

NAME _____ MO DA YR _____ NAME _____ MO DA YR _____

NAME _____ MO DA YR _____ NAME _____ MO DA YR _____

Emergency local contacts if neither parent can be reached:

1) Name: _____ Phone: _____ Cell: _____

2) Name: _____ Phone: _____ Cell: _____

3) Name: _____ Phone: _____ Cell: _____

For school use only:

Is Birth Certificate verified? Y _____ N _____ witnessed by _____

Is Residency verified? _____ witnessed by _____

Documentation Presented

STUDENT RACE AND ETHNICITY QUESTIONNAIRE

In accordance with U.S. Department of Education regulations, please answer the following two questions about your child. Everyone should answer both questions, even when the answer is Yes to Question 1.

1. Is the student Hispanic/Latino?

_____ Yes

_____ No

Answer Question 2, even when the answer is Yes to Question 1.

2. What is the student's race? Check at least one – you may check more.

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

DEFINITIONS

Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaskan native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
White	A person having origins in any of the original people of Europe, the Middle East, or North Africa.

Parent's/Guardian's Signature

KINDERGARTEN RELEASE FORM

I give permission to the _____
Please specify Name and Address of Pre-School

_____ to release information

about my child, _____
Name of Child Date of Birth

To the Darien Public Schools. This information will be used to facilitate placement of my child in kindergarten for the _____ school year. This release is valid for one year from the date signed.

Parent Name (please print)

Address

City State Zip Code

Parent Signature

Date

cc: Student File

4/26/04

DARIEN ELEMENTARY SCHOOLS
Parent Input Form

To assist the staff with placement consideration for your child, please take this opportunity to provide any pertinent information that will enable us to select the best learning atmosphere. We do not honor requests for specific teachers.

Personality and Social Development:

Strengths/Talents:

Areas Needing Support:

Other Pertinent Information:

Child's
Name _____ Boy _____ Girl _____ Age _____ D.O.B. _____

Nickname _____

Pre-school
attended _____

DIRECTORY INFORMATION

SCHOOL: _____

Child's Name: _____

Address: _____ Phone: _____

Mother's Name: _____

Father's Name: _____

E-Mail Address: _____

Please complete as you would like the listing to read in the school directory, and return to school at the time of registration.

2012-13 Darien School Calendar (Approved May 24, 2011)

July				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

August (5)				
	1	2	3	
6	7	8	9	10
13	14	15	16	17
20	21	22*	23*	24
27	28	29	30	31

September (17)				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

October (22)					
	1	2	3	4	5
	8*	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30	31		

20-21 New Staff Orientation
22-23 Staff Development
24 Teacher Work Day
27 Students Return

3 Labor Day
17 Rosh Hashanah
26 Yom Kippur

8 Columbus Day/
Staff Development

November (19)				
		1	2	
5	6*	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27•	28•	29•	30•

December (15)					
	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
	31				

January (21)					
		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30	31	

February (15)					
				1	
	4	5	6	7	8
	11	12	13	14	15
	18	19	20	21	22
	25	26	27	28	

6 Election Day/
Staff Development
21 Early Dismissal
22-23 Thanksgiving Recess
27-30 Elementary Parent Conferences

21 Early Dismissal
24-1 Holiday Recess
includes Christmas
Day & New Year's Day

1 New Year's Day
2 Students Return
21 Martin Luther King Jr.
Day

18 Presidents' Day
19-22 February Recess

March (20)				
				1
4	5	6•	7•	8•
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

April (16)					
	1*	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30			

May (22)					
		1	2	3	
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31

June (8)					
	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28

6-8 Elementary Parent Conferences
29 Good Friday

1 Staff Development
15-19 April Recess

27 Memorial Day

12 School Ends for
Students
13 Teacher Work Day

Note #1: If schools are closed due to weather, additional days will be added to the end of the school year. Regarding High School Graduation, by State law, after April 1st, Boards of Education are permitted to establish a graduation date. Therefore, the Board of Education will make that determination at its first regular April, 2013 meeting.

Code:

- Early Dismissal (11/21, 12/21, 6/12)
- Early Dismissal for Elementary Schools Only (11/27, 11/28, 11/29, 11/30, 3/6, 3/7, 3/8)
- * Staff Development Days – No School for Students
- No School: Holidays and Vacations

Darien Public Schools * Health Services
80 High School Lane * Darien, CT 06820 * Tel. 203-655-3981 x 2304

January 20, 2012

Dear Parent of Kindergarten Student to be enrolled in Darien Public Schools 2012-2013:

We welcome you and your child to the Darien Public School System. Below are the Connecticut State and Darien Board of Education requirements you must comply with before your child may start school. These measures are for the health and safety of all students. All students entering Kindergarten must have a physical examination before they may enter school per Connecticut law (P.A. 94-103, Section 10-206). A student will not be admitted in the Darien Public Schools until a school nurse has reviewed the new entrant's completed health assessment and immunization records.

For this coming year, the physical examination can be dated no earlier than August 28, 2011 (365 days prior to entrance on 8/27/12).

The physical examination must include:

A health history	Height and weight	Vision and hearing screenings
Blood pressure screening	Hematocrit / hemoglobin test	Gross dental screening
Scoliosis screening	Up-to-date Immunizations Record must meet Connecticut State immunization requirements.	

It is recommended that an assessment be made of the risk of exposure to tuberculosis. If the child is at high risk, a Tuberculosis Skin Test is required with the health examination. In addition, students originally from high risk countries that are entering CT schools for the first time, must receive a Tuberculosis Skin Test.

The new entrant must submit documentation of complete up-to-date immunization at the time of entry into The Darien Public School System in accordance with state law C G S 10-204a and the State of CT Department of Public Health Immunization Requirements for students enrolled in Connecticut Public Schools. Please find enclosed the CT Department of Public Health Immunization Requirements for Kindergarten Entry during the 2012-2013 school year. Please review the immunization requirements with your health care provider.

Exceptions to the school entrance immunization requirements:

1. Certificate from your physician stating the medical reason an immunization is contraindicated for the child.
2. A statement from the parent or guardian that such immunizations are contrary to the child's religious beliefs.

The physical examination for Kindergarten students should be documented on the State of Connecticut Department of Education Health Assessment Record. (The blue health form or its equivalent) Physical examinations performed outside the United States are only accepted if done by a health care provider licensed to practice in the United States. Please submit to your school's nurse the completed State of Connecticut Department of Education Health Assessment Record including your child's up to date immunization history.

Sincerely,

Ellen Ryan RN

Ellen Ryan, RN, MPH
Director, School Health Services
203-655-3981 x 2304 eryan@darienps.org



State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y	N	Diabetes	Y	N	
Any immediate family members have high cholesterol			Y	N	ADHD/ADD	Y	N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Part II — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*HCT/HGB:
Without glasses	20/	20/	<input type="checkbox"/> Referral made				*Speech (school entry only)
<input type="checkbox"/> Referral made						Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____

Daily Medications (*specify*): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) (Date) (Confirmed by)

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- 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 given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday;

- students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
 - MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
 - Hep B: 3 doses – the last dose on or after 24 weeks of age.
 - Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.

- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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Does Your Child Have Health Insurance?

Connecticut's HUSKY Plan offers low-cost or free health care

Dear Parent/Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Please fill out this form and return it to your child's teacher, school nurse or school office. The school will then contact Connecticut's HUSKY Plan to help connect your student with health insurance coverage.

Healthy kids do well in school! HUSKY pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental health care, special health care needs and more. It's for children under age 19 in families of all incomes. Over 250,000 children now have their health care covered by the HUSKY Plan.

If your child is uninsured and you would like to participate in Connecticut's HUSKY Plan, please fill out and return this form to your child's teacher, school nurse, or school office. Your signature means that the school can provide your contact information to the Connecticut Department of Social Services (administering agency of the HUSKY Plan) or its enrollment contractor so that a HUSKY customer service representative may call you, send you an information kit, and begin the application process to insure your child's health.

Parent/guardian's name (please print): _____

Parent/guardian's signature: _____

Street address: _____

City or town: _____, CT Zip code: _____

Name(s) and age(s) of uninsured child(ren): _____

Best phone number for the HUSKY representative to call you at? (area code first): () _____

If you want an information & application kit sent to you, please check here:

OR: If you want to find out more information on HUSKY right away, call the HUSKY information hotline: **1-877-CT-HUSKY (1-877-284-8759)**

8:30 a.m. to 6 p.m. Monday-Friday

You can apply by phone or request an information kit.

OR: Visit HUSKY at www.huskyhealth.com. Check out our website & download the application.

The application can also be used to apply for **adult health coverage**.

This partnership of Connecticut schools and the HUSKY Plan is from the HUSKY enrollment initiative by Governor M. Jodi Rell and the General Assembly in Section 119 of Public Act 07-02, June Special Session. Special thanks to the Connecticut Department of Education, Connecticut Department of Social Services, Regional Education Service Centers, and all caring school personnel throughout the state as we join with parents to bring health coverage to Connecticut children. [2010]