Stonington Public School
School Health Information and Requirements

Health Assessments
In compliance with State of CT regulations, current health exams are required of all students entering preschool and kindergarten, and during grade 6 and 10. New students transferring into CT schools must meet CT regulations and school district policy. Physical assessment (blue) forms are available online, in the nurse's office and are included in the registration packet. Please contact the school nurse with any questions regarding this mandate. Students will **not** be allowed to start school without the mandated physical.

**Preschool and Kindergarten Health Assessments** must be completed prior to entry into school. All Preschool and Kindergarten Physicals must be completed between January 1st and December 31st of the calendar year the child starts school. **If the exam was done prior to January 1st, entry to school is accepted until a new physical exam is completed one year from the date of the last physical to remain compliant in school.**

Physical exams are required during grade 6 and grade 10. Mandated physicals for 6th graders must be completed from June 1st of grade 5 through the end of grade 6. Mandated physicals for 10th graders must be completed from June 1st of grade 9 through the end of grade 10.

**Sports physicals** are required **yearly** for all students participating in School sports. Students may be kept out of sports until the physical exam has been completed.

Immunizations
State regulations require each student to be immunized according to the State of CT Immunization requirements for enrolled students in CT Schools. Proof of immunizations is to be provided to the health office prior to admission to school.

Lead screening results
Universal blood lead testing is mandated in CT. Children are tested between 9 months and 36 months of age. Proof of testing is required prior to the start of school. This should be documented on physical exam form.
Screenings
Annual vision, hearing and scoliosis screenings will be done in school as mandated by the State of CT. Parents will be notified if further evaluation is needed. Vision screenings are required for grades K-5. Hearing screenings are required for grades K-5. Scoliosis (postural screening) is required for girls in 5th and 7th grade and boys in 8th grade.

Administration of Medication
Medication (prescribed and over the counter) may be administered in school with a written order from the medical provider and signed by the parent. Medication must be brought to the school nurse by the parent or guardian in a pharmacy labeled bottle or original container. With permission from the medical provider and parent/guardian, students are allowed to self-administer inhalers and EpiPens. Medication remaining at the end of the school year must be picked up by the parent or is destroyed.

Student Absences
When illness is suspected please keep your child home. Students who have had a fever (100 or higher), vomiting or diarrhea should not return to school until symptom free for 24 hours. Parents are required to notify the school by phone or in writing if a child is absent for any reason. Stonington Schools monitor students’ attendance to ensure that excessive absences do not occur. Parents of students who are absent more than 10 percent of the school year may be contacted by school personnel to develop a plan to improve attendance.

Medical Excuses
A written note from the child’s medical provider is required for students to be excused from physical education class. If a student has a MD note that excludes him/her from PE, this excludes both PE and activities at recess. A follow-up note from the MD is necessary to release student from this restriction. Use of any type of splint, ace wrap, crutches or need for the elevator requires a written note by the medical provider.

Communicable Diseases
Students will be excluded from school with communicable diseases such as head lice, strep throat, impetigo, and pink eye. Re entry will be allowed with MD note or if proof of treatment is provided to the school nurse.

[Signature]
Medical Advisor Signature
[Date]

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