Connecticut Technical High School System

Notes from the School Nurse:

Dear Parents/Guardians of Incoming 9th Grade Students: Congratulations on your student's acceptance to Platt Technical High School. I'd like to take this opportunity to welcome your student and review some important health office information.

Requirements for Admission: A completed health history form and immunization record **(enclosed)** is required for admission. If your child is coming from anywhere outside the state of Connecticut, a physical exam completed in the last twelve months and recorded on the enclosed blue form is also required. These items must be returned to the guidance office in a sealed envelope marked "School Nurse" on the front by: **June 1st.**

Physical Exam: The Connecticut Technical High School System (CTHSS), in accordance with state law, requires that **all 9th grade students** have a health assessment (physical exam) completed **between** July 1 following the end of the eighth grade school year and June 21st of the ninth grade school year. This physical must be recorded on the enclosed blue form and returned to the School Nurse. Please be sure to complete the parent portion of the form. If you have questions about this exam, do not have insurance, or have other circumstances that make it difficult for your child to obtain this exam, please call the School Nurse.

Sports Physical Exam: If your student is interested in playing any sport during the school year you must complete the athletics form **(enclosed).** Your child's physician must sign the form and attach a copy of a physical exam completed in the last year. Students must have a valid history, permission and physical on file with the School Nurse in order to try-out, practice or play a sport. Exams are valid for one year from date of exam. If you have questions about this exam, do not have insurance, or have other circumstances that make it difficult for your child to obtain this exam, please call the School Nurse. **The School System no longer provides sports physical exams.**

Medication: If your student needs **any** medication during the school day, the prescriber of the medication must complete a medication authorization form **(enclosed).** **Over-the-counter** medication must be delivered to school in its original, unopened container & labeled with the student's name. A parent/guardian or other adult must deliver controlled medications **(such as Ritalin or Concerta)** in the original pharmacy container to the school. All medications must be given to the School Nurse or an administrator. The only medications that students may carry & self administer are asthma inhalers, diabetes medications and EpiPens. Students need special permission **(noted on the medication order form)** to carry these items. Please contact the School Nurse for more information.

Postural and Vision Screening: State of Connecticut Law requires all 9th grade students to undergo postural screening (checking for deformity of the spine) and vision screening. If you do not want your child to participate in either one or both of these screenings at school, please complete the form **below** and return to the School Nurse as soon as possible.

Phone number: If you have any questions or would like to speak with the School Nurse regarding your student's health or special needs, please call me at: (203) 783-5328 or e-mail me at: Doris.Poeta@ct.gov .

Sincerely, Dorie Poeta RN, School Nurse

Name of Student: _____

Please excuse my child from vision screening for the following reason:

☐ his/her health care provider will conduct the screening as part of his/her 9th grade physical exam.

☐ he/she is under the care of an ophthalmologist/optometrist (eye doctor).

Please excuse my child from postural screening for the following reason

☐ his/her health care provider will conduct the screening as part of his/her 9th grade physical exam.

☐ he/she is under the care of a doctor for scoliosis/kyphosis (spinal problems).

Signature of Parent /Guardian_____Date:_____

Platt Technical High School, 600 Orange Ave., Milford, CT 06461
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