



Thank you for choosing Tidal River Christian Camp

Tidal River Christian Camp is a non-profit summer camp. Since 1972 TRCC has been teaching about our Lord and Savior, Jesus Christ. Many congregations from New England (Rhode Island, Connecticut, Massachusetts, New York, and many more) have been working together to make this ministry possible.

We are bringing back the Friday Night Skit Night as part of our beloved program. For many years those at camp can remember the funny skits and beautiful singing to close out each week of camp. We hope you will join us this year and continue to make this experience as memorable as it was for us growing up.



Please make sure that medical forms are within 3 years of the camping season.



TIDAL RIVER CHRISTIAN CAMP SUGGESTIONS FOR CAMPER DISCIPLINARY PROCEDURES

The Board of Directors recognizes that during the day-to-day operations of the camp some campers may cause a disruption in the camp environment. In order to ensure a camp environment that is safe and ensures that each camper has the best camping season possible the Board has suggested the following disciplinary options.

First Offense: Verbal Warning

Second Offense: Temporary loss of privileges (i.e.: 10 minutes off swimming; loss of one canteen item; additional chores or clean-up details)

Third Offense: Extension to loss of privileges

Continuous behavior causing the need for continued discipline should be referred to the Camp Director and may result in that camper being sent home from camp.

Insubordination or failure to abide by the major aspects of the camps discipline policy should be referred to the Camp Director for appropriate disciplinary action.

Note: No disciplinary options should take away from another scheduled camp activity unless the staff member supervising that time period is consulted.

At no time should any camper be exposed to any type of discipline that would result in physical contact between the camper and another individual.

Adopted:02-02-2002



General Guidelines for T.R.C.C.

Who May Attend:

Campers are welcome from among members of the churches of Christ and anyone who is recommended by a responsible member of the church.

Cars/Vehicles:

No cars, belonging to campers will be allowed to remain on the campgrounds during the week. Campers should make arrangements for transportation to and from camp.

What to Bring:

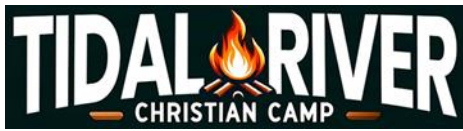
BIBLE, sleeping bag or other bedding (sheets, blanket, pillow), towels and wash clothes, toiletries (soap, toothbrush, toothpaste, etc.), swimsuit, flashlight, pen, pencil, bug spray, general camp clothing (see policy regarding clothing below). Please mark linens and towels appropriately so that they can be easily identified.

Clothing:

1. Modest apparel will be required at all times. Modest apparel includes jeans or comparable pants or mid-length shorts (suggested length is 2" from the top of the knee) and T-shirts or other suitable camp shirts and blouses.
2. The following clothing will not be allowed
 - a. Short Shorts (see above for suggested length)
 - b. Tank tops or sleeveless blouses
 - c. Excessively tight-fitting pants / tops
 - d. Any similarly revealing, suggestive, or inappropriate apparel.

Habits/Behavioral Expectations:

1. No smoking will be allowed on the campgrounds by campers or by staff.
 - a. Counselors are required to report any smoking incidents to the Camp Director.
 - b. Campers found smoking may be sent home at the discretion of the Camp Director, without tuition refund.
2. The use of alcoholic beverages or any other drugs on the campgrounds is strictly prohibited. Any violation of this rule will bring automatic dismissal from camp, without tuition.
3. The Camp Director has the authority to assess any behaviors which may affect the safety of campers, staff, or camp facility. Dismissal of any camper will be at the discretion of the acting Director.



Technology Policy

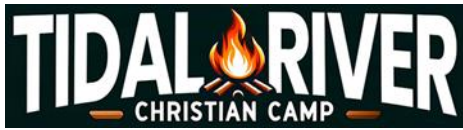
The following devices **will not be allowed at camp**: Video Cameras, electric guitars, amplifiers, 2-way radios, cell phones, computers, and video games. Personal music devices will only be allowed if they are used with headphones and will be used at the discretion of the counselors, who have the authority and responsibility to confiscate them if inappropriate songs are played. Camera's (both regular and digital) will be allowed on campgrounds but will be stored by the counselor while in the cabin.

Tidal River Christian Camp (TRCC) is a time to take a much needed break from the routines of life and to focus our energies toward planned programs, activities, and spiritual learning. To facilitate this focus, NO personal electronic devices (PED) of any kind shall be allowed during the camping season. Non-compliance, like with other prohibited items, will result in confiscation of the device(s) until departure. It is the weekly Directing Staff's responsibility to ensure this policy is being enforced and any confiscated devices are safely stored.

However, the TRCC Board of Directors understands that there are some rare instances where the use of such devices may be necessary to accommodate the specific, medically based needs of the camper. In those rare instances, for those campers that have a medical need, such devices must be defined and approved in the camper's medical Plan-Of-Care.

It is the weekly Directing Staff's responsibility to coordinate with the camper's counselor(s) to ensure this plan-of-care is being followed. Even for approved use cases, non-compliance would result in one warning and then confiscation of the device until departure.

All other communications originating outside the camp, for campers, shall come through the official TRCC camp phone.



T.R.C.C. Bullying / Safe Climate Policy

It is the policy of the TRCC Board of Directors that any form of bullying behavior is expressly forbidden.

The Board also prohibits any form of bullying behavior in between camping sessions if such bullying:

- creates a hostile environment at camp for the camper against whom such bullying was directed;
- infringes on the rights of the camper against whom such bullying was directed at;
- substantially disrupts the orderly operation of camp.

Discrimination and/or retaliation against an individual who reports or assists in the investigation of an act of bullying is likewise prohibited.

For purposes of this policy, "bullying" shall mean the repeated use by one or more campers of a written, verbal or electronic communication, such as cyberbullying, directed at or referring to another camper, or a physical act or gesture by one or more campers repeatedly directed at another camper, that:

- causes physical or emotional harm to such camper or damage to such camper's property-
- places such camper in reasonable fear of harm to himself or herself, or of damage to his or her property;
- creates a hostile environment at camp for such camper;
- infringes on the rights of such camper;
- substantially disrupts the orderly operation of camp.

Bullying shall include, but not be limited to, a written, verbal or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristics, such as race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics.

For purposes of this policy, "Cyberbullying" means any act of bullying through the use of the Internet, interactive and digital technologies, cellular mobile telephone or other mobile electronic devices or any electronic communications.

Campers who engage in bullying behavior shall be subject to camp discipline up to and including removal in accordance with the Board's policies on camper discipline



The Board also implements the following Safe Climate Plan for use during the Camping Season:

- Campers will be enabled to anonymously report acts of bullying to Counselors, Directors, or any other Camp Personnel,
- Parents or guardians of campers may file written reports of suspected bullying,
- Camp Staff who witness acts of bullying or receive reports of bullying will orally notify the Camp Director or his designee and will file a written report no later than one camp day after making such oral report,
- The Camp Director or designee will investigate or supervise the investigation of all reports of bullying and ensure that such investigation is completed promptly pending receipt of any written reports made under this section;
- The Camp Director or designee will review any anonymous reports (provided that no disciplinary action shall be taken solely on the basis of an anonymous report),
- The Camp Director or designee will notify the parents or guardians of students who commit any verified acts of bullying and the parents or guardians of students against whom such acts were directed no later than 24 hours after completion of the investigation.
- The Camp staff will prohibit discrimination or retaliation against an individual who reports or assists in the investigation of an act of bullying;
- The Camp Director will direct the development of camper safety support plans for campers against whom an act of bullying was directed that address safety measures the camp will take to protect such campers against further acts of bullying;
- The Camp Director will, after consulting with the parents of both parties and the President or Vice President of the Board of Directors, notify the appropriate local law enforcement agency when such Director believes that any acts of bullying constitute criminal conduct;
- The Camp Director will submit a written report to the Board of Directors regarding any and all acts of Bullying for discussion in Executive Session at the First Regular Board Meeting following the camping season.



ATTENTION PARENTS:

In order to provide the safest and securest environment that we can as well as to maintain the camp program that has been planned we request that Camper Visitations during the camp week do not occur. We do realize that in some emergency situations it may be necessary for you to visit the camp or get a message to your child so the Board of Directors has adopted a Visitors Policy that we ask you to abide by.

Visitors Policy

It is the policy of the Board of Directors of Tidal River Christian Camp that ALL PERSONS intending to visit the camp **MUST CALL AND RECEIVE PERMISSION** from the Acting Director before leaving to come to camp. Upon arrival, **ALL VISITORS** must report to the Nurses Cabin and **SIGN IN** the visitor's logbook. Please note that this policy only exists for emergency situations; we ask that you make every effort possible to not visit your child or the camp while the camping weeks are in session.

Pickup & Delivery Procedures

Please take a look at our procedures for Pickup and Drop-off.

Delivery:

The Delivery of your children at 3:30 PM Sunday is possibly the most trying on the counselors and camping staff. Please be advised that the Camping staff has no idea as to who is a camper and who is not. Each parent/guardian ought to keep their children with them until they have registered and have taken their children to their counselor and have meet him/her.

During the registration process each parent/guardian will be asked to fill out a sign out form for those that can sign out their child throughout the week.

This is done to provide the safest environment possible for your children.

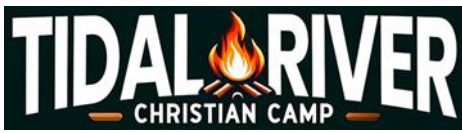
Pickup:

Pickup of your children is on **Friday Night** between 7PM and 8PM.

Parents may be asked to show proper ID at the gate leaving camp grounds and **MUST** be on the approved list that was signed during registration.

Miscellaneous:

Many shirts and pants and shoes and "things" get left behind at the end of camp. There is a lost and found which no one seems to visit or parents have no idea what their children own. There are bags full of these things at the end of the camping season. Please don't let these clothes go to waste.



Check Before Packing

- Completed Medical Forms ARE Required
- Bible
- Sleeping Bag or Blanket
- Sheets and Pillow
- 2-3 Bath Towels & Face Cloths
- 1 Beach Towel
- Soap, Toothbrush, Toothpaste, etc.
- Flashlight & **Extra Batteries**
- Rain Gear
- 2 pairs of Sturdy Shoes or sneakers (appropriate for hikes & general use.)
- 1 pair bathing shoes or flip-flops for shower use.
- Plenty of clothes to include sweaters, pants, shorts, t-shirts pajamas, socks & underwear enough for the length of stay at camp. **NO TANK TOPS or SHORT SHORTS** (see clothing guidelines)
- Sweater or jacket for cool nights, swimsuit (girls one piece no tankinis)
- A few clothes pins to hang up your wet clothes.
- Non-aerosol insect repellent and sunscreen.
- Writing paper & envelopes, pen or pencil, stamps.
- Extra clothes for messy wet activities.
- Plastic Bags for your dirty clothes.

Note: Are your name/initials on your property?



News from the Nurses Cabin

Hello All!!!

It's a new year for camp with lots of changes at the nurse's cabin and what we need to do to bring your child to camp...

We are transitioning over to online registration with submission of your medical forms **PRIOR** to arrival to camp. All campers need to have the appropriate forms completed and approved prior to camp.

We will no longer have **over the counter medications** available for campers. If your child takes any medication...including over the counter allergy, Motrin, Tylenol, Benadryl, vitamins you will need to bring that medication along with a doctors signed order for it.

There is a new requirement by the state for all youth camps. It is called "Plan of care" for your son or daughter. It applies to any child that may have a health concern that staff needs to be aware of, that may occur at camp. It includes medical and behavioral intervention. You may already be familiar with this as it is often in place at schools. Some examples of a plan of care would be if your child takes an inhaler or other medication on a "as needed" basis. The camp needs a written document outlining the specific activities, allergies, signs or symptoms and steps to take to care for your child. This would also include any behavior or dietary concerns that need to be addressed at camp. This will need to be signed by our overall medical administrator, the nurse for the week, the counselors and camp director. This will need to be uploaded prior to camp in the camp portal.

ALL medications need to be labeled, prescription medication must be in the original pharmacy box with the typed prescription and dosing instruction. The medication **MUST** match the order written by your doctor. We cannot have any medications that do not match or are expired. **EACH** medication must have A **SEPERATE** form filled out. If your child takes 3 medications, there should be 3 separate forms completed and signed. Please carefully check the bottom of these forms, they require a parents signature at the bottom giving staff volunteers permission to distribute the medication to your child.

All children need

1. A complete physical examination within the last 36 months.
2. Updated immunization record
3. Parental permission for treatment and care signed
4. Plan of Care (if applicable)
5. Any medication **INCLUDING** over the counter to be brought to camp with completed forms signed by their doctor submitted online prior to arrival with approval

These need to be uploaded (prior to June 15th) and approved prior to dropping your child off at camp. Once your child is approved, they can legally and thankfully be dropped off at camp :)

The originals of all submitted documents MUST be taken to camp at time of check-in.

With the increasing paperwork for camp required by the state, we can no longer review all the Medical Requirements at drop off. Thank you for your understanding and cooperation.



IMPORTANT

Each camper must have completed BEFORE he/she comes to camp, and uploaded to the Camp Portal.

1. Medical Physical Exam & Immunization Forms signed by a Doctor certifying that Camper has had a physical exam within the last 3 years. NOTE: Doctor's State license # is required. Medical/Health forms are acceptable only if the date that accompanies the physician's signature is 3 years from the last day of the camping season or later. (so if camp ends on August 1st 2025 then the signed form would have to be at the latest August 1st 2022)
2. Parental Medical Release Form & Insurance Information signed by parent/guardian giving permission for emergency treatment and/or hospitalization in case of illness or injury.
3. Plan of Care Form (if Applicable) signed by Parents
4. 4 Camper Medical Health Assessment Record Form completed and signed by Parent or guardian.
5. An "Authorization for the administration of Medicines by camper personnel" for EACH Medication and (OTC) Over-The-Counter Parent supplied item, to be given your child at camp. Form should be signed by both the Doctor and Parent.

MEDICAL EXAMINATION MUST HAVE BEEN GIVEN WITHIN 3 YEARS OF THE DATE OF YOUR

LAST DAY AT CAMP. DO NOT return these forms by mail. Bring them when you come to camp.

**NO CAMPER WILL BE PERMITTED TO REMAIN AT CAMP ON
THE DAY OF REGISTRATION IF HE/SHE DOES NOT HAVE ALL FORMS COMPLETED!!!**

Please note the following reminders:

All persons intending to visit camp MUST call **(860) 940-0803** and receive permission from Camp Director before coming to camp. To avoid disruptions to your child's camp experience, parents and guardians are discouraged from visiting during camp week (except for emergencies).

1. Camp will end each week on **Friday night** between 7:00 & 8:30 PM, campers must be picked up at that time. There will be a short program starting at 7:30 PM.
2. Registration will be between 3:30 and 4:30 on Sunday afternoon. We ask that campers not arrive before that time so the staff will have time to prepare for opening of camp.
3. Campers should bring a bag supper for Sunday evening.
4. All medications should be clearly labeled in original container and are to be given to the camp nurse upon arrival at camp.
5. Campers should make arrangements for transportation to and from camp. NO cars belonging to campers will be allowed to remain on the campgrounds during the week.



**AUTHORIZATION FOR THE
ADMINISTRATION OF MEDICINES
BY CAMP PERSONNEL**

**FOR ALL MEDICATIONS INCLUDING OVER THE COUNTER
ALLERGY, MOTRIN, TYLENOL, BENADRYL, AND VITAMINS REQUIRE A DOCTORS SIGNATURE.**

The Connecticut Law and Regulations require a physician’s or dentist’s written order and parent or guardian’s authorization for a nurse to administer medication or in the nurse’s absence, a designated adult to administer medications. Medications must be in a pharmacy prepared container and labeled with name of child, name of drug, strength, dosage, frequency, physician’s or dentist’s name and date of original prescription.

PHYSICIAN’S OR DENTIST’S ORDER

NAME OF CHILD _____ DATE _____

ADDRESS _____ DATE OF BIRTH _____

DRUG: Name, dose and method of administration _____

Condition for which drug is being administered _____

Administered From (date) _____ to (date) _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____ If yes, DEA number _____

Physician’s or Dentist’s name _____ (type or print)

Address _____ Phone () _____ - _____

Physician’s or Dentist’s Signature _____ Date _____

AUTHORIZATION BY PARENT OR GUARDIAN for the administration of the above medication by TIDAL RIVER CHRISTIAN CAMP PERSONNEL:

Date: _____

TO CAMP PERSONNEL:

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by camp personnel. I understand that I must supply the camp with the prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist and will provide no more than a fourteen-day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond close of camp.

Name _____ (Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Phone: _____

(TRCC Prescription Med Form 2-19)



INSURANCE AND AUTHORIZATION

INSURANCE INFORMATION

Camper Name: _____

Is the camper covered by family medical/hospital insurance? ___ Yes ___ No

If yes, indicate Insurance Carrier _____

Group # _____ Policy # _____

Policy Holder's Name _____

Relationship to participant _____

Parent or Guardian Authorization (required for all persons under age 18)

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Signature _____ Date _____



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 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

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, licensed pursuant to chapter 378, aphysi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base 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 1 — 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

To be maintained in the student's Cumulative School Health Record

Part 2 — 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 1 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	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	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	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<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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Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Risk Assessment <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Describe Risk Factors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
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Recommendation(s) by health care provider: _____

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

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped <i>Provider</i> 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 7th-12th grade	
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	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

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

<p>Religious Exemption: _____</p> <p>Religious exemptions must meet the criteria established in Public Act 21-6: https://portal.ct.gov/-/media/SDE/Digest/2020-21/CSDE-Guidance---Immunizations.pdf.</p>	<p>Medical Exemption: _____</p> <p>Must have signed and completed medical exemption form attached. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/CT-WIZ/CT-Medical-Exemption-Form-final-09272021fillable3.pdf</p>
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KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 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, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

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

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number



**Individual Plan of Care for a Child
With Special Health Care Needs or Disabilities**

Child's Name: _____ Date of Birth ____/____/____

Special health care need or disability:

Plan for appropriate care of the child in a medical or other emergency. An individual plan of care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the child care program.

Other relevant information:

Signature(s) of the Parent(s):

Date Signed:

____/____/____
____/____/____

Note: Section 19a-79-5a(a)(2)(E) requires a child's Health Record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.

Please use reverse side of this form for signature(s) of all staff responsible for the care of this child.

