



Christian Heritage School

575 White Plains Road Trumbull, CT 06611
Tel 203.261.6230 Fax 203.452.1531 www.kingsmen.org

International Student Health Requirements

1. INTERNATIONAL STUDENT HEALTH INSURANCE

All international students are required to be covered by an insurance policy that is acceptable for use in the United States. Some are listed below, though this is not an endorsement of any company. It is the responsibility of the natural parents of the student to select and purchase a policy for their student before arriving to the US.

- ISO (International Student Organization). Contact for coverage is mailbox@isoa.org or see www.isoa.org.
- Study-US Healthcare by USI Affinity Travel Insurance Services <http://www.travelinsure.com/su133031>
- ISM (independent School Management) International Student Accident and Health Insurance http://isminc.com/index.php?option=com_content&view=article&id=1047&Itemid=1825

Copies of the insurance card should be made for Host Family, Admissions Office, and School Nurse. Students who wish to participate in a CHS team sport, must carry insurance which covers such activities. Neither Christian Heritage School nor the Host Family/Custodians are responsible for any medical billing and should not extend financial credit on behalf of an international student.

2. EMERGENCY CONSENT & COSTODIAL AGREEMENT

All International Students need to have an Emergency Consent Form signed by their parent with their Host Family information or sponsoring agency (if they are providing dormitory living arrangements). This is to ensure students are well-cared for in case of emergency.

3. IMMUNIZATION REQUIREMENTS (State of Connecticut)

It is the responsibility of International Students, their families and agencies to ensure that immunization requirements are fully met before arrival to the United States. All immunization records must be in English and clearly legible, following the guidelines of State of Connecticut, Department of Education:

| | |
|--------------|--|
| Before Age 5 | 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: 1 dose on or after 1st birthday. Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose. Hib: Children less than 5 years of age need one dose at 12 months, or children 5 years or older do not need proof of Hib vaccination. Hep B: 3 doses. Varicella: 1 dose on or after the 1st birthday or verification of disease. |
| Age 6-11 | 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. Polio: At least 3 doses. The last dose must be given on or after 4th birthday. MMR: 1 dose on or after the 1st birthday. Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose. Hep B: 3 doses. Varicella: 1 dose on or after the 1st birthday and second dose at age 5 (entry to Kindergarten) or verification of disease. |
| Age 12-Older | Td: 3 doses, last dose on or after 4th birthday. Tdap: 1 dose. Polio: 3 doses, last dose on or after 4th birthday. MMR: 2 doses. Hep: 3 doses. Varicella: 2 doses or documentation of disease. Meningococcal: 1 dose. |

4. HEALTH ASSESSMENT REQUIREMENT (State of Connecticut)

In accordance with CT State Law, all international students must have a US physician's medical examination. This may be conducted by a physician, a physician's assistant or an advanced practice registered nurse legally qualified to practice in the United States. The Host Family or Agency's representative will need to schedule this upon arrival to Connecticut. A Health Assessment Form, <http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/HAR.pdf>, should be completed and submitted to the School Nurse within 30 days of arrival.



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Emergency Consent & Custodial Agreement

For International Students & Host Families

1. STUDENT INFORMATION

Full Name on Passport (Last, First, MI): _____

Nickname _____ Student's Email _____

Student's Cell Phone _____ Sex (M/F) _____ Date of Birth ____/____/____ Grade _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

3. HOST FAMILY/CUSTODIAN INFORMATION

Primary Host Parent/Custodian _____

Address _____

Telephone (H) _____ (W) _____ (Cell) _____

Email (H) _____ (W) _____

Secondary Host Parent/Custodian _____

Telephone (H) _____ (W) _____ (Cell) _____

Email (H) _____ (W) _____

2. AUTHORIZATION FOR CARE AND TREATMENT - *Self-authorization by a student is not permitted.*

I hereby authorize the designated Host Family to administer medical care and treatment, including medication and immunizations, and routine diagnostic tests for injuries and illness my child may incur while at school. I agree to notify the host family of any conditions arising when my child is not at school. I authorize the release of information and medical records to facilitate the medical, surgical or psychiatric care of my child. In the event of an emergency, illness or injury in which a delay may jeopardize the life or recovery of my child and I am unable to be contacted, I authorize the Host Family to assume the responsibility for the care and treatment of my child which may include hospitalization, diagnostic tests and/or surgery. I also authorize the release of education records and advocacy to the Host Family.

Parent Signature (Father) _____ Date: _____

Please print name: _____

Parent Signature (Mother) _____ Date: _____

Please print name: _____

4. DATES OF EMERGENCY CONSENT AND CUSTODIAL AGREEMENT

Approximate dates of stay with Host Family and enrollment at CHS: From: _____ To: _____

5. INSURANCE INFORMATION – Please attach a clear copy, front and back, of the student's insurance card. *Valid medical insurance is **required** for all students and it is the responsibility of the natural parents to select the policy best for their child's circumstances.* Neither Christian Heritage School nor the Host Family/Custodians are responsible for any medical billing and should not extend financial credit on behalf of this international student.

6. HEALTH ASSESSMENT – Please attach a complete copy of the student's medical records for the Host Family to have in case of emergency or needed medical treatment or US-certified physician's evaluation.