



Christian Heritage School

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

Health Record &
Release Form
International Students

This medical questionnaire must be completed by a parent or guardian. Incomplete or falsified information may result in I-20 cancellation and dismissal from CHS. Please submit this form and a copy of your immunization record (PDF form translated into English) to ahuberty@kingsmen.org.

Part A: Medical History

Student Name: _____ Date of Birth: _____

1. Please list any diseases or any emotional, behavioral or psychological conditions that affect your child's daily life and/or educational experience and explain.

2. Please list any known allergies.

_____ Circle one: Food / Drug / Other

_____ Circle one: Food / Drug / Other

If yes, are any allergies considered life-threatening and require an epinephrine auto-injector (i.e. EpiPen®)?

Yes No

3. Does your child have a diet restricted by food allergies, religious, or self-imposed beliefs? Yes No

If yes, please explain. _____

4. Has your child ever been diagnosed with any of the following conditions? Please circle Y for Yes, N for No.

Allergies to food/bee stings	Y N	Hospitalization or ER visit	Y N	Concussion	Y N
Allergies to medication	Y N	Any broken bones or dislocations	Y N	Mono	Y N
High blood pressure	Y N	Any muscle or joint injuries	Y N	Fainting	Y N
Any daily medications	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any problems with vision	Y N	Has only 1 kidney or testicle	Y N	Asthma treatment	Y N
Use of contacts or glasses	Y N	Excessive weight gain/loss	Y N	Seizure treatment	Y N
Any problems with hearing	Y N	Dental braces, caps, or bridges	Y N	Diabetes	Y N
Any problems with speech	Y N	Problems breathing or coughing	Y N		

5. Any relative ever have a sudden unexplained death (less than 50 years old) or have high cholesterol? Y N

6. Please explain all "yes" answers here. For illnesses/injuries/etc., include the year of the event.

7. Please list any conditions, medical or otherwise, that might preclude your child from participating in sports.

Part B: Immunization Record & State of Connecticut Requirements

We highly recommend that you complete the following required immunizations before traveling to the U.S., as it is much easier and more cost effective to complete these requirements in your home country. If any immunizations are missing when you arrive, you will be required to get them done during orientation week at your own expense.

STATE OF CONNECTICUT Immunization Requirements for Enrolled Students in Connecticut Schools

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 4th birthday.
MMR:	2 doses separated by at least 28 days, 1st dose on or after 1st 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 1st dose on or after 1st birthday; or verification of disease

***Please submit a legible immunization record in English along with this form.**

***TB Testing will be administered 8-10 weeks after arrival in the United States.**

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

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

Chickenpox History (required only if the student is not immunized):

Check the box if this student has a physician-certified history of chickenpox.

Approximate date of chickenpox: _____

Reliable history is based on:

- Physician interpretation of parent/guardian description of chickenpox OR
- Physical diagnosis of chickenpox OR
- Serologic proof of immunity

Part C: Athletics Participation

I hereby give permission for my child to participate in the Christian Heritage School's athletics and physical education programs, and any intramural, afterschool, or extracurricular sports in which my child may be permitted to participate. I, for myself and on behalf of my child, release Christian Heritage School and its officers, employees, other agents, trustees, volunteers, and host families from any injury, loss, or other damages I or my student may incur (including illness, injury, or loss of property) while on Christian Heritage School property or engaged in activities Christian Heritage School sponsors (on or off Christian Heritage School's premises).

I have read and fully understand my student's insurance policy as it relates to medical coverage and I take full financial responsibility for any medical costs that are not covered by his/her insurance.

(print name of student)

(print name of parent/guardian)

(signature of parent/guardian)

Date: _____

Part D: Informed Consent for Medical Treatment, Consent to Release Medical Information, Waiver or Liabilities

I, the undersigned parent/guardian of my child, _____, do hereby grant permission to Christian Heritage School and to any of its designated assigns, which includes, but is not limited to, my child’s host family or designated caretaker individuals, the right to act on my behalf in taking actions appropriate to obtain medical treatment (including emergency medical treatment), diagnostic, therapeutic, and/or operative procedures, routine dental exams such as cleanings, or special diagnostic screenings such as X-rays. I agree to bear the costs of all medical treatment required by my child, emergency or non-emergency, including all costs associated with enrollment of my child in a health insurance program and maintaining such insurance coverage while my child is a student at Christian Heritage School, or other expenses ancillary to but related to medical diagnosis or treatment.

I additionally agree to release to Christian Heritage School and to my child’s host family any of my child’s medical records such as it or they may require, and further authorize Christian Heritage School to share and release any medical records or information relating to the health of my child with health care providers and employees and agents of Christian Heritage School as Christian Heritage School deems may be necessary for the provision of academic or medical services to my child, to protect the safety of the school community, or to meet Christian Heritage School’s legal obligations.

I understand that the outcomes of medical care can be uncertain and that there are certain risks associated with the provision of and obtaining medical care. With knowledge of those risks and uncertainties, on behalf of my child named above and me, individually, I hold harmless, release, and waive any claims that my child or I may have against Christian Heritage School or its officers, employees, coaches, other agents, trustees, volunteers, and host families, from and against any illness or injury, including death, that may arise from medical care that Christian Heritage School obtains or seeks to obtain for my child in good faith under the permission granted to Christian Heritage School by this Informed Consent for Medical Treatment. This waiver and release does not apply to gross negligence or intentional wrongdoing. I will, on demand, indemnify Christian Heritage School for any costs and expenses the School incurs in obtaining medical care and treatment for my child.

(print name of student)

(print name of parent/guardian)

(signature of parent/guardian)

Date: _____

Part E: Specific Cultural or Religious Needs that may Affect Treatment/Diagnosis of My Child

Circumstances, practices, or beliefs unique to my culture or religion, or the culture or religion of my child, exist that may have implications for the medical treatment, diagnosis, or postmortem care of my child.

Yes (If yes, please explain below) No

I understand that nothing described in this Part E in any way exempts my child from any requirements imposed on my child by state or United States federal law, or by local school regulation, regarding vaccinations or otherwise. I understand that my description of these circumstances is purely for informational purposes to be exercised at the sole discretion of Christian Heritage School and its various successors and assigns, including, but not limited to, host families and school medical personnel. I understand that my description of these circumstances in no way implies that my student’s health insurance coverage will provide for culture specific medical practices (such as acupuncture), just as I understand that such practices are not necessarily excluded by my student’s health insurance plan. I understand that special nutritional requirements or other circumstances are to be discussed between my child and his or her international host family as appropriate.

(print name of student)

(print name of parent/guardian)

(signature of parent/guardian)

Date: _____

Part F: Parent/Guardian Consent Form and Release for Prescription and Over-the-Counter (Non-Prescription) Medications

I hereby give permission to host families and school nurse personnel at Christian Heritage School to administer prescription medications according to the directions of the provider. I give permission to host families and school nurse personnel at Christian Heritage School to provide over-the-counter (non-prescription) medications as appropriate.

I understand that Christian Heritage School host families and personnel are not responsible for any problems arising from the taking of such medication, its side effects or for the omission of medication. I further give permission to nursing personnel at Christian Heritage School to share information relevant to prescribed medication administration as determined to be appropriate for my child's health and safety. I understand that there are certain risks associated with the provision of prescription and over-the-counter (non-prescription) medications, and with knowledge of such risks, I, on my own behalf and on behalf of my child, hold harmless, release, and waive any claims that my child or I may have against Christian Heritage School or its officers, employees, other agents, trustees, and host families, from and against any illness or injury, including death, that may arise from Christian Heritage School's provision of such medications to my child. In consideration for this service, I further agree that I will indemnify and hold harmless Christian Heritage School, its officers, employees, other agents, trustees, and host families for any death or injury resulting from the administration or assistance in the administration of such medication.

(print name of student)

(print name of parent/guardian)

(signature of parent/guardian)

Date: _____

Part G: Permission for Travel for School and Non-school Sponsored Activities

I, the undersigned parent/guardian, do hereby grant permission to Christian Heritage School and to any of its designated assigns, which includes, but is not limited to, my child's host family or designated caretaker individuals, at their discretion, to allow my child to participate in the following travel activities for school and non-school sponsored events. I understand that it is ultimately my responsibility and my child's responsibility to provide written consent at the host family's request to allow for individual circumstances or occasions.

Please circle YES or NO to indicated whether your child has permission to participate in the following:

- | | | |
|-----|----|---|
| YES | NO | My child may spend the night at another student's house. |
| YES | NO | My child may ride in another licensed CHS student's car to athletic practices and other events. |
| YES | NO | My child may travel overnight and/or out of state with a CHS host family. |
| YES | NO | My child may travel by train, bus, or car to another city for the day if he/she is in at least 8 th grade and traveling with at least one other person. |
| YES | NO | My child may use ride sharing apps (Uber/Lyft)—only if child is 18 or over. |
| YES | NO | My child may participate in adventure sports including but not limited to skiing and snowboarding. *Please familiarize yourself with the insurance coverage for such activities listed on the Adventure Sports Rider. |

(print name of student)

(print name of parent/guardian)

(signature of parent/guardian)

Date: _____

****All overnight student trips require a completed "Travel Permission Form" signed by parent.***

CONSENT TO RELEASE STUDENT INFORMATION

TO: CHRISTIAN HERITAGE SCHOOL, Trumbull, CT

Please provide information from the educational records of _____, my child, to _____, our Agent(s).

(Indicate the name(s) of the local agency and/or U.S. agency to which the educational records may be released.)

The type of information that is to be released under this consent is:

grades including report cards, progress reports, etc. disciplinary records standardized testing results (TOEFL, etc.) information pertaining to the student's health/mental health letters of recommendation

account balance information (including incidental fee billing and non-payment) host family reports.

The information is to be released for the sole purpose of communication with the family about the student's academic progress and success as an international student while attending Christian Heritage School. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester.

I have a right to inspect any written records released pursuant to this Consent (except for certain letters of recommendation for which the student waived inspection rights).

I understand that I may revoke this Consent upon providing written notice to the Registrar of Christian Heritage School. I further understand that until this revocation is made, this consent shall remain in effect and my child's educational records will continue to be provided to the above named agency(s) for the specific purpose described above.

Parent/Guardian Name (print) _____

Signature _____

Date _____ Relationship to Student _____