

Camden Hills Regional High School
NEW STUDENT HEALTH CHECKLIST

___ **Annual Health History Form**
(distributed by the Main Office and then completed annually online)

___ **Physical Exam Form – required to participate in sports**
(Exam must be dated from January of year entering grade 9 or later)

If the student has asthma:

___ **Asthma Action Plan**

If food or other allergy requiring EpiPen:

___ **Food and Anaphylaxis Emergency Care Plan**

___ **New Student Registration – Immunization Requirements**

If immunization records do not meet Maine State Requirements

___ **Medical Immunization Exemption Form**

If prescription medication administration is needed while at school:

___ **Medication Administration Form**

Questions or concerns, please contact

Janis Hogan RN, School Nurse
Camden Hills Regional High School
25 Keelson Drive, Rockport, ME 04856
236-7800 Ext 3250; Fax 236-7813

janis.hogan@fivetowns.net