Student Name			Date of Birth			
Parent/Guardian		Phone	Parent/Guardian		Phone	
Emergency Contact Phone		Emerg	ency Contact	Phone		
Healthcare Provider Phone			☐ Individualized Health Plan Enclosed			
				Emergency Care Plan End	closed	
Required Immunizations complete and enclosed.			☐ Medical Exemption Enclosed			
	PreK		Date:			
	☐ Kindergarten		☐ Catch-up Schedule Enclosed			
	7th grade		Datas			
	12th grade		Dates:			
	 Required hearing screenings complete and enclosed. 			Required vision screening enclosed	gs complete and	

When students transfer out of a school administrative unit (SAU), the file must include documentation of health information and school nursing services provided to individual students including, but not limited to, immunizations, health screening, health assessment, and nursing care plans, as needed.

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