



Coventry High School

Joseph M. Blake, *Principal*
Stephen Merlino, *Assistant Principal*

78 Ripley Hill Road • Coventry, Connecticut 06238-1653 • (860) 742-7346 • Fax (860) 742-4591

July 1, 2019

Dear CHS Parents/Guardians of Incoming 10th grade students,

This letter is to give you one year's notice for State of CT requirements for **Grade 11**. The following must be received before **June 15, 2020** :

- The enclosed Blue State of CT. Health Assessment (Form HAR-3) which must be dated between July, 2019 through July ,2020
- Tdap Vaccine
- Meningococcal or Menactra Vaccine
- Varicella Vaccine - 2 Doses, separated by at least 3 months. First dose on or after 1st Birthday

Form HAR-3 - Blue Form :

Part 1 is to be completed by the parent/guardian. Part 2 &3 , the medical evaluation , and the oral assessment, are to be completed by your student's health care provider and per state law the above listed immunizations.





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Medication at School:

Any medication at school needs a physician's order (Form enclosed). Medication needs to be delivered to the school nurse or administrator by an adult over the age of 18, in the original bottle, unopened and with the student's name on it. Epinephrine, asthma inhalers, diabetes medications are allowed to be self-carried with a doctor's order.

If you have any questions or concerns please contact me.

Sincerely,

Lorraine D. Rockx, R.N.

School Nurse

860-742-7346 ext. #4172

FAX 860-742-4564

