



Critical Condition Checklist

Please indicate any critical conditions that your child has by checking the appropriate box below or filling in other if your child has a condition not listed. If your child has no critical condition, please check none. Thank you!

Date: _____

Student Name: _____

Parent/Guardian Name: _____

Contact Phone Number: _____

School Attending: _____

Grade: _____

Medical Conditions (check all that apply)

☐ Diabetes

☐ Seizure Disorder

☐ Anaphylaxis (Requires an EpiPen for allergies)

☐ Asthma

☐ Other (describe): _____

☐ None

[!] Out-of-State Transfer Students

Any student transferring into the Killingly School District from out-of-state must provide:

- A current physical examination completed within the previous 12 months
- Written proof of immunizations required by the State of Connecticut

Note: *This documentation must be submitted prior to entry.*