

Camden Hills Regional High School
NEW STUDENT HEALTH CHECKLIST

___ **Annual Health History Form** (distributed by the Main Office)

___ **Physical Exam Form** (exam must be up-to-date as of January
of the year entering 9th grade)

If the student has asthma:

___ **Asthma Action Plan**

If food allergy or other allergy requiring EpiPen:

___ **Food Allergy Action Plan**

___ **Immunization Record (refer to form for requirements)**

If immunization records do not meet Maine State standards

___ **Medical Immunization Exemption Form**

If prescription medication administration is needed at school:

___ **Medication Administration Form**

Questions or concerns, please contact

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