

# Washington Montessori School

# Student Health Forms

## Required:

New Students, Lower School & Rising 6th



[CT Health Assessment Form \(Birth-5\)](#)



[CT Health Assessment Form \(Aged 6+\)](#)

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## Optional



[Allergy Action Plan](#)



[Asthma Action Plan](#)



[Authorization for the Administration of Medication Form](#)



[Medication Permission Form](#)

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## Resources



[When to Keep Children Home from School](#)



[CTDPH Immunization Requirements for Schools](#)



[CTDPH School Flu Vaccine Requirement: Q&A](#)