



ROCK POINT SCHOOL

ONE ROCK POINT ROAD
BURLINGTON, VERMONT 05408

Medical Enrollment Checklist:

_____ Rock Point Packet

Forms completed by parent/guardian and student

- _____ Medical Release to Treat Form
- _____ Student Health Information Form (2 pages)
- _____ Documentation of Varicella (Chickenpox) Disease Form (if relevant)
- _____ Religious/Medical Exemption form
- _____ 30 day supply of medications for start of school year

Forms completed and signed by medical provider

- _____ Medication Authorization Form
- _____ Annual Physical Form

_____ Community Health Center Packet

- _____ Patient Registration Form
- _____ Consent to Disclose Health Information