

**Dear Parent/Guardian:**

In order to provide your child with the best medical attention and to meet the State Requirements for school admission, the following paperwork must be brought to registration or submitted before the first day of school.

**\* All immunizations must be documented by your child’s Doctor.**

**PRE-K (3 and 4 year old children)**

**DPT** – 4 doses

**POLIO** – 3 doses

**MMR** – 1 dose - given on or after 1<sup>st</sup> birthday

**HIB** – 1-4 doses, one dose given at 12 months of age or later

**VARICELLA** – 1 dose given on or after 1<sup>st</sup> birthday; or date of disease (chicken pox)

**PNEUMOCOCCAL** Conjugate Vaccine series

**INFLUENZA** -- 1 dose – *annually* between September 1 and December 31<sup>st</sup>.

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**KINDERGARTEN THROUGH 12<sup>th</sup> GRADE**

**DPT** – A minimum of 4 doses, one dose must have been on or after 4<sup>th</sup> birthday. A total of any 5 appropriately spaced doses is also satisfactory. If vaccine not started until 7<sup>th</sup> birthday, 3 doses of appropriately spaced Td are required.

**POLIO** – A minimum of 3 doses, one dose must have been given on or after 4<sup>th</sup> birthday.  
A total of any 4 appropriately spaced doses is also satisfactory.

**MMR** – 2 doses: The first must be on or after 1<sup>st</sup> birthday.

**HEPATITIS B** – 3 doses (There is a 2 dose vaccine which can be given between ages 11 & 15 but this must be documented by the physician).

**VARICELLA** – for students entering Kindergarten and 1<sup>st</sup> grade – 1 dose given on or after 1<sup>st</sup> birthday; or date of disease (chicken pox). If transferring into a New Jersey school from another state or country, vaccine (or date of Disease) is required for those born on or after 1/1/98.

**Tdap and MENACTRA** – 1 dose of each for students entering 6<sup>th</sup> grade.

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**Physical Examination**

Required for students entering preschool, Kindergarten and those transferring from out of State or Country. The physical must be completed no more than 365 days prior to entry into school/grade.

**Student Health History**

Completed by parent/guardian.

**Permission Form for Health Screenings**

**Medication**

If a medication, prescription or over-the-counter, is to be administered in school, a medication administration permission form must be signed by the parent/guardian and physician. You can request this form from the nurse or school office. These forms, along with the medication in the original box or bottle, need to be brought to school in the beginning of each school year.

If you have any questions, please call the school nurse. Thank you for your cooperation.