

## Immunization Requirements

### **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 Medical Provider.**

### **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 November 30<sup>th</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.

Dear Parent/Guardian:

As we approach the new flu season, we want to remind you that the seasonal influenza vaccine is the safest and best protection available against the flu.

The State of New Jersey requires all children between 6 and 59 months of age and attending pre-school be immunized with the flu vaccine. This vaccine must be received **annually between September 1st and November 30th.**

We also encourage you to reinforce the importance of frequent hand washing. This is also a good defense against flu and other infectious pathogens.

Please complete and return this form to the school as soon as you have scheduled the appointment for your child. This will help us maintain a tracking system as to when we can expect to receive the documentation.

If you have any questions, please call the nurse's office. Thank you for your cooperation.

School Nurse



Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

\_\_\_\_\_ My child has already received the flu vaccine since September 1<sup>st</sup>.

**Attached is the updated immunization record.**

\_\_\_\_\_ My child is scheduled to receive the flu vaccine on \_\_\_\_\_

**I will send in the updated immunization record after the vaccine is given.**