

## New Immunization Requirements

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dear Parents/Guardian:

Students who will be in the 6<sup>th</sup> grade must present documentation of the Tdap and meningococcal vaccines before September 1<sup>st</sup> of their 6<sup>th</sup> grade year. You may send in documentation over the summer.

Date Given:

\_\_\_\_\_ Tdap (Tetanus, diphtheria, acellular pertussis) – given no earlier than the 10<sup>th</sup> birthday

\_\_\_\_\_ Meningococcal vaccine

Please have your pediatrician date and sign this form or attach a copy of the immunization record that includes these vaccinations.

Physician's Name (please print): \_\_\_\_\_

Physician's Signature/Stamp: \_\_\_\_\_

\* \* \* \* \*

If your child **does not** have these immunizations by September 1st, please call your pediatrician to schedule an appointment, sign below and return this form. **Per New Jersey law, any student without these immunizations, or an appointment scheduled to receive them, will be excluded from school.**

My child has an appointment scheduled for his/her immunizations on: \_\_\_\_\_  
I will send in documentation following that appointment.

Parent/Guardian Signature: \_\_\_\_\_

If you have any questions or concerns, please call Mrs. Herriman, RN at 609-267-2722.