The Scotch Plains-Fanwood Public Schools

 Park Middle School

580 Park Ave.

SCOTCH PLAINS, NJ 07076

General Office: 908-322-4445

Dr. Jocelyn Dumaresq Kristina Morano

Principal Assistant Principal

Dear Parent/Guardians :

Effective September 2008, the Department of Health and Senior Services of the State of New Jersey required that children born after January 1, 1997, and enrolled in grade **six,** or **transferring into a New Jersey school from another state or country** will be required to receive a booster dose of the diphtheria, tetanus and pertussis vaccine (Tdap) as well as one dose of the meningococcal vaccine.

These immunizations are generally administered during the 11 year-old physical visit. Your physician may complete the bottom of this form, or sign/stamp the computer-generated immunization record you receive at the office. Please submit either form to the school’s health office as soon as possible.

Your child must receive these two new immunizations before entering school in September. If your child will not be eleven years old until after the beginning of the school year, you will have two weeks from their birthday to comply with these State mandates.

Sincerely,

Patricia Feeley RN

Denise Shaughnessy RN

School Nurses

Please return or fax the information below to the attention of:

School Nurse – Fax number: 908-322-2780

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STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE: \_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_

**Please complete the date the following immunizations were administered:**

Meningococcal Vaccine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tdap Booster \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Physician’s Signature Date*

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*Physician’s Name/address* (**Please print or use stamp)**