

MONTVILLE TOWNSHIP PUBLIC SCHOOLS HEALTH SERVICES

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Dear Parent/Guardian:

The New Jersey Department of Health and Senior Services has mandated that children born after January 1997 and entering grade six must receive a booster dose of the Diphtheria, Tetanus Toxoids and Pertussis, (Tdap) vaccine as well as one dose of the Meningococcal vaccine.

This immunization mandate has not changed due to the pandemic; however, in light of these times, some of the particulars on how to notify your school nurse have changed.

Once your child has received these two immunizations, usually at their 11-year-old physical, you **must** have the student's Primary Healthcare Provider write a note or complete the form below. The signature of the primary care provider and office stamp must be included. Please be sure to return it via email to your school nurse by June 23, 2022. If you are unable to obtain these vaccines by June 23rd, please know your child will still need to receive the vaccines over the summer and before beginning grade 6 in September. If proof of these immunizations is not received by the first day of school in September 2022, the student will be **excluded from attending Robert R. Lazar Middle School.**

If your child will turn eleven (11) during the summer months, please return this completed form during the summer by mail, email or fax (973-334-1033) to the Robert R. Lazar School addressed to the school nurse. The mailing address is 123 Changebridge Rd., Montville, NJ 07045.

If your child will turn eleven (11) years old on or after the first day of school, you have four days after your child's birthday to have your student immunized; therefore, the form is due on the fifth day after the birthday. **Please make your child's physical appointment early in order to comply with the law.** If the form is not received on time, your child will be excluded from attending school until the proof of immunization is received at the Lazar Health Office.

Please contact your school nurse if you have any questions or concerns.

Thank you for your cooperation in this important matter.

Student: _____ Birthdate: _____

Grade: _____ Teacher or Homeroom: _____

***According to NJ immunization requirements, the Tdap **must** be at least five years after the last dose of DTP, DTaP or Td.

The above named student has received:

- 1. Tdap booster on _____
month, day, year
- 2. Meningococcal on _____
month, day, year

Primary Care Provider Signature & Stamp _____