

**Summit Public Schools - Health Office**  
***Return by June 10th***

Dear Parent/Guardian of 5<sup>th</sup> Grade Students:

The New Jersey Department of Health and Senior Services requires the following vaccines to be given prior to entry into 6<sup>th</sup> grade. The amended regulations in N.J.A.C. 8:57-4 state the following:

- Every child born after January 1, 1997, and entering or attending Grade Six on or after September 1, 2008, shall have received one (1) dose of Tdap (Tetanus, Diphtheria, Acellular Pertussis) given no earlier than the 10<sup>th</sup> birthday.
- Children who received a Td Booster dose less than five (5) years prior to entry **shall not** be required to receive a Tdap dose until five (5) years have elapsed from the last DTP/DTap or Td dose.
- Children entering Grade Six are also required to have one (1) dose of a Meningococcal containing vaccine.

**Please have your healthcare provider provide written documentation on letterhead, a prescription pad OR have them complete the bottom section of this form. Please return proof of vaccination to your elementary school nurse by June 10th.** If you cannot arrange to have this completed by **June 10th**, please send all forms to LCJSMS nurse, Mary Ellen McDonald, **prior to August 1<sup>st</sup>. Failure to do so may result in school exclusion.**

In addition, if your child plans on playing a sport at LCJ Summit Middle School, he/she will need to have a complete physical exam. The physical exam must be completed within 365 days of the first tryout/practice. The complete packet of forms including a health history, insurance information, emergency information, steroid use, concussions and sudden cardiac death documentation is located on the district website, [www.summit.k12.nj.us](http://www.summit.k12.nj.us). Click on "Departments" followed by "Athletics" to access and print the required forms. Please submit all athletic forms to Ms. McDonald at LCJSMS by **August 1st**.

If you have any questions or concerns, please contact the school nurse at your child's school.

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Student's Name: \_\_\_\_\_

Tdap date given: \_\_\_\_\_

Meningococcal vaccine date given: \_\_\_\_\_

Signature of Healthcare Practitioner: \_\_\_\_\_

Practitioner's Name and Address Stamp: \_\_\_\_\_