

Pequannock Township School District

School Health Services

Dear Parents/Guardians:

Meningococcal and Tdap vaccines are required for all entering 6th graders who are 11 years of age or older. If in 6th grade and under age 11, children must receive the vaccines within 2 weeks of their 11th birthday. Please take this form to your personal healthcare provider and have it returned to your current school nurse as soon as vaccines are obtained. If you already submitted the immunization documentation, thank you and please disregard this form. You may also submit a copy of your student's immunization record instead of this form. Tdap and meningococcal vaccines are required and the immunization document must be placed in your student's health record upon entrance to middle school, as per New Jersey Administrative Code (N.J.A.C. 8:57-4). To submit this form or immunization record for your student, please email it to your current school nurse, drop it off to your current school, or mail it to the Pequannock Valley Middle School before the 2024-2025 school year. If submitting this form after this school year has ended in June, please send it to the Pequannock Valley Middle School nurse, Adrianna Komeshok.

Thank you,

Mrs. Adrianna Komeshok, RN (Pequannock Valley Middle School) adrianna.komeshok@pequannock.org

Mrs. Danielle Ciccaglione, RN (Hillview) danielle.ciccaglione@pequannock.org

Ms. Jacqueline Griffith, RN (Stephen J. Gerace) Jacqueline.Griffith@pequannock.org

Mrs. Lorraine LaTempa, RN (North Boulevard) lorraine.latempa@pequannock.org

Patient: _____

DOB: _____

Date: _____

The above patient received the following vaccines in our office:

Circle type of vaccine and document the date. This is required and NJ state mandated.

Boostrix Tdap Adacel _____

AND

Menactra Meningococcal MCV4 _____

OR

The above patient is scheduled to receive the Tdap and meningococcal vaccines on _____

The patient's date of birth falls within the months of September/October.

Healthcare Provider name, address, and phone number or office stamp:

Healthcare Provider Signature: _____