

Allen W. Roberts Elementary School

80 Jones Drive
New Providence, NJ 07974
Tel: 908-464-4707
Fax: 908-464-4708

Dear parents/guardians of _____,

All Pre-K children are required by NJ State law to obtain the seasonal flu vaccine sometime between September and December.

Proof of receiving the seasonal flu shot must be submitted to the health office prior to winter break. When completed, return this form, a signed note from your healthcare provider, or a copy of the updated immunization record to the health office by December 23 of the school year.

STUDENTS WITHOUT PROOF OF THE VACCINE WILL NOT BE ALLOWED TO RETURN TO SCHOOL IN JANUARY.

Please call to make an appointment with your child's healthcare provider as soon as possible to avoid this situation.

Thank you for your attention to this important matter. If you have any further questions regarding the flu vaccine or if you believe you have received this notice in error, please contact me at 908-464-4707 ex. 3514 to discuss.

Sincerely,

Jessica Leon
School Nurse
jleon@npsdnj.org

Student _____ received the influenza vaccine on _____.
(Date)

Signature of Health Care Provider

Print or Stamp of Health Care Provider

Return this for or a note signed by your healthcare provider to the health office by December 23.