GREAT NECK PUBLIC SCHOOLS

Health Services Tdap Requirement

Date: June 2024

| Dear Parent: Of Incoming 6th Grader to South Middle Scho | OOI, | |
|--|----------------------------------|--|
| New York State Public Health Law requires that all children who are 11 years of age (or older), receive an immunization condiphtheria, and acellular pertussis (Tdap). | | |
| ♦ 11 year old students entering 6 th grade will be excluded from the required immunization. | n school if they do not receive | |
| This notice is <u>only</u> being sent to the parents of children for whom we have not received proper documentation of Tdap. | | |
| If your child has already been vaccinated with Tdap, <u>written pro</u> indicating the date of injection and doctor's signature must be p should be submitted now. | | |
| If you have any questions, please call your child's school nurse: | | |
| | | |
| | Marianne Roofeh, RN | |
| Phone:516-441-4610 | Marianne Roofeh, RN School Nurse | |
| | | |
| Phone: 516-441-4610 Fax: 516-441-4695 Email: Mroofeh@greatneck.k12.ny.us | | |
| Fax:516-441-4695 | School Nurse | |
| Fax:516-441-4695 Email: Mroofeh@greatneck.k12.ny.us | School Nurse | |
| Fax:516-441-4695 Email: Mroofeh@greatneck.k12.ny.us Please have your doctor fill out this form & return it to the Heal | School Nurse | |
| Fax:516-441-4695 Email: Mroofeh@greatneck.k12.ny.us Please have your doctor fill out this form & return it to the Heal Students Name: | School Nurse | |

GREAT NECK PUBLIC SCHOOLS

Health Services Confidential Health Concerns

Date

| Name | |
|--|--|
| Grade 6 Teacher | |
| Dear Parent: | |
| For the safety and well being of your child, it is <u>important</u> that the concerns your child may have. | ne appropriate staff be aware of any health |
| By signing this form you are authorizing the nurse to share this i | mportant information with relevant school staff. |
| Medication Allergy: | |
| Food Allergy: Does your child require placement at the "Nut | Free Table"? (Please circle): YES NO |
| Other Allergy: (i.e. insect bites, bee stings, etc.) | |
| Medication: *If your child requires medication {i.e. Epi-Pen} for Life Threate immediately contact your school nurse for further directions | ening Allergies, for the safety of your child, |
| Medical Concerns: | |
| Treatment: | |
| **Your prompt return, of this vital form, is greatly a | nnraciated ** |
| rour prompt return, or this vital form, is greatly a | Marianne Roofeh, RN Mroofeh@greatneck.k12.ny.us School Nurse |
| *Parent Signature | Health Services |
| 109ConfConcern | Phone: 515-441-4610 Fax: 516-441-4695 |