

HAMMARSKJOLD UPPER ELEMENTARY SCHOOL

200 Rues Lane
East Brunswick, NJ 08816

Dear Parent:

According to state mandate N.J.A.C. 8:57-4.18, this letter is to notify you that your child needs the following immunizations upon turning 11 years old.

_____ Tdap Booster _____ Meningococcal Vaccine

IMMUNIZATIONS MUST BE COMPLETED WITHIN 2 WEEKS FOLLOWING 11th BIRTHDAY.

Sincerely,

Russell Petronko
School Principal

Ashleigh Potenski, RN
School Nurse

Tammy Rella, RN
School Nurse

NOTE: The physician/nurse practitioner is to complete this portion and return this entire form to the School Nurse.

_____ Student's Name _____ Date of Birth

_____ Tdap Date _____

_____ Meningococcal Date _____

_____ Other Date _____

_____ Physician/Nurse Practitioner (print) _____ Signature

_____ Address _____ Phone