

MAYWOOD PUBLIC SCHOOLS

Maywood Avenue School

201-845-9110 Ext. 1

201-845-7287 FAX

Nurse: Anne Lalumia

Memorial School

201-845-9113 Ext. 2

201-845-0657 FAX

Nurse: Diana Zuccaro

PRE-K REQUIREMENTS

Dear Parent/Guardian,

Your child will or is presently a student in the Maywood School District. In order to comply with State mandates and for the health and safety of all, the following New Jersey State requirements must be met. Please note, there are additional immunization requirements for children 6 months through 59 months of age.

The two additional immunizations that are now **mandatory** for students who are presently in our Preschool or will be entering our Preschool program are:

1. Pneumococcal – (PCV):

Every child 12 months through 59 months of age shall receive at least 1 dose of pneumococcal conjugate vaccine (PCV) on or after their first birthday.

2. Influenza Vaccine:

Children 6 months through 59 months of age shall annually receive at least 1 dose of influenza vaccine **between September 1 and December 31 (of each year)**.

The following documentations must be received or your child will be excluded from school until such documentations is presented to the Health Office of the school.

_____ **Physical Exam**

Please schedule your child's physical exam for the current school year and return the form to the school nurse.

Date of scheduled appointment: _____

_____ **Immunization Record**

Immunization(s) needed: _____

_____ **Other** _____

YOUR CHILD WILL BE EXCLUDED FROM SCHOOL IF THEIR IMMUNIZATIONS ARE NOT UP-TO-DATE.

The main goal of a school nurse is the well being of your child in a healthy school environment. Please remember, if your child has ANY health concerns (i.e, allergies, asthma, heart disease, seizures, etc.) or if your child's health status changes during the school year please inform the school nurse immediately. In addition, **medication should be administered at home** but if ANY medication (prescribed or over-the-counter) is necessary to be administered during school hours, the parent/guardian and your child's physician **MUST** complete a "Medication Administration Form" for **EACH SCHOOL YEAR**.