



**HAMILTON TOWNSHIP SCHOOL DISTRICT
DEPARTMENT OF STUDENT SERVICES AND PROGRAMS**

2445 Kuser Road, Suite 102
Hamilton, New Jersey 08690

Phone: (609) 631-4165
FAX: (609) 631-4133

February 2020

Student's Name: _____

DOB: _____

Dear Parent/Guardian:

Please be advised that changes to the immunization regulations established by the New Jersey Department of Health and Senior Services (N.J.A.C. 8:57-4.1 to 8:57-4.24) now **MANDATE** the following vaccines for all students born on or after January 1, 1997 who are entering or attending 6th grade:

- **One dose of Tdap vaccine (Tetanus, Diphtheria, Acellular Pertussis)**
given no earlier than the 10th birthday.
- **One dose of a meningococcal-containing vaccine, such as medically-preferred meningococcal conjugate vaccine**
given no earlier than the 11th birthday.

Students **will not be permitted to enter 6th grade in September 2020** if the above requirements have not been met. Please schedule an appointment with your child's physician soon after their 11th birthday and return completed bottom of notice to school. If your child has already received the above immunizations, please provide documentation to the school nurse.

If you are uninsured or if your insurance does not cover immunizations, contact Hamilton Township Division of Health at **(609) 890-3884** for an appointment to receive *free* immunizations.

Sincerely,

School Nurse

Please consult your physician/ health care provider and return this form to the Health Office. Return forms to your child's middle school if completed during the summer months.

Received: _____
Names of Vaccines

Date Given: _____

Administered by: _____
Physician/Provider's Signature Circle One: MD DO NP PA

PLEASE STAMP WITH OFFICE STAMP