## **Dumont Public Schools**

Dumont, New Jersey

**Dumont High School** *Janine Gillan, RN* 

**Grant School**Cindy Kneisler, RN

**Honiss School** *Nancy Burchill, RN* 

**Lincoln School**Danielle D'Amico, RN

**Selzer School** *Donna Pleus, RN* 

## Dear Parent/Guardian:

your famil New Jerse	to The Dumont Public Schools. The Health Services Department hopes that y's transition into our schools will be an easy one. In order to satisfy State of y mandates for public school admission your child(ren) will need the following attendance:
	cumentation of a physical exam completed within the last 365 days (Must be ed after)
Do	cumentation of vision and hearing screening (done with physical exam)
	cumentation of immunizations received. The following immunizations are uired:
	<b>DTP</b> (diphtheria, tetanus and pertussis) - minimum of 4 doses with one dose given on or after the child's 4th birthday OR any 5 doses
	Tdap (DTP booster) – If child born on or after 1/1/97 and entering or attending grade 6 if no booster given within last 5 years
	Polio - 3 doses with one dose given on or after the child's 4th birthday OR any 4 doses
	<b>Hepatitis B</b> - 3 doses or laboratory evidence of immunity
	MMR (measles, rubella and mumps) – all children must have one dose of measles, rubella and mumps given on or after the child's first birthday and at least one additional measles vaccine. Documentation laboratory evidence of immunity is also acceptable.
	Meningococcal – 1 dose if born on or after 1/1/97 and entering or attending grade 6.
	Varicella (chicken pox) - 1 dose given after the child's first birthday or documented evidence of immunity or parental/physician statement of previous varicella infection.
fro	cumentation of Mantoux (tuberculin) testing for students entering the district m designated countries. (Please check with your pediatrician/ clinic for uirements.)
A c	ompleted medical questionnaire form

If you have not already done so, please contact the school(s) that your child(ren) last attended and request that all health records be forwarded to the school(s) that your child(ren) will attend in our district.

If your child(ren) will require medications to be given during the school day, either daily or on an as needed basis, a doctor's order must be presented to the Health Services Office at the school they attend. In order for **any** medication (including over the counter remedies, Tylenol, Advil, seizure medications, asthma inhalers/ nebulizers, Epipens, insulin, etc.) the school must receive orders from a medical provider. Please contact the school nurse at the number given below and you will be provided with the appropriate forms for your medical provider to complete.

All medications should be in the package/bottle they originally came in with the child's name, the name of the medication, dosage and times to be given clearly labeled. If your child will be taking Tylenol, Benadryl, Tums, etc. you must supply the school with the medication with the child's name written on the container. Please be sure that all medications are within their expiration date.

Thank you in advance for your anticipated cooperation. If your child has a health concern that you would like to discuss or if you have any questions, please feel free to call.

Sincerely,

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