



# Joyce Kilmer School

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William Veit, Principal

Dear Parent/Guardian,

This letter is to inform you of the NJ Department of Health and Senior Services administrative rules for immunizations of school pupils. There are specific requirements for **children entering sixth grade** in September. The regulations are as follows:

**Every child born on or after January 1, 1997 and entering or attending grade 6 on or after September 1, 2008 shall have received one (1) dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday.**

*Children entering or attending grade 6 on or after September 1, 2008 who received a Td booster dose less than 5 years prior to entry or attendance shall not be required to receive a Tdap dose until 5 years have elapsed from the date of the last DTP/DTaP or Td /DT dose.*

**Every child born on or after January 1, 1997 and entering or attending grade 6 on or after September 1, 2008 shall have received (1) dose of a meningococcal containing vaccine, such as the medically preferred meningococcal conjugate vaccine.**

(Some physicians prefer to administer the immunizations after the child's 11<sup>th</sup> birthday. If your child will not turn 11 before the first day of school, the requirement will be postponed, and the immunizations will be due **on** the child's 11<sup>th</sup> birthday.)

Documentation of immunization must be received **before the commencement of school** in September. Please have your child's primary care provider forward the documentation by completing the information at the bottom and forward to the school nurse as soon as possible.

If you have any questions regarding these requirements, please feel free to contact me. Sincerely,

Kathleen C. Conger, BSN, RN, CSN  
Certified School Nurse

Cc William Veit, Principal  
Stephanie Brown, EdD

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Tdap booster given \_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_

Meningococcal vaccine given \_\_\_/\_\_\_/\_\_\_/\_\_\_ Type: \_\_\_\_\_

Physician's stamp

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date