

BROOKLAKE ELEMENTARY SCHOOL  
HEALTH OFFICE  
235 Brooklake Road  
Florham Park, New Jersey 07932

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PRINCIPAL

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## NEW STUDENT HEALTH OFFICE INFORMATION PACKET

Welcome to Brooklake Elementary School! The following packet of information for the health office was organized to familiarize you with the health services and required paperwork needed to attend our school. **Please contact the School Nurse before your child starts school, if she/he has any special medical needs.**

### REQUIRED FOR ATTENDANCE:

#### 1. STUDENT REGISTRATION FORMS:

- A. STUDENT INFORMATION FORM (included in registration packet)
- B. HEALTH INFORMATION FORM (included in registration packet)

#### 2. MEDICAL FORMS:

##### A. PHYSICAL EXAMINATION FORM

**All new students must have a physical upon entrance.** The included school official form is to be **completed by your physician based on an examination done within the last 365 days.** Students without a recent examination should make an appointment and then **provide the school nurse with the name of the physician and appointment date.** If there is a financial difficulty or other problem, please contact the school nurse for assistance in completing this requirement.

##### B. IMMUNIZATION FORM/ Mantoux testing.

By law immunization records must be supplied before the child enters school. See attached, "Minimal Immunization Requirements for School Attendance in New Jersey" form. In addition, students entering the 6th grade must have received 3 doses of Hepatitis B vaccine and those born after 1/1/1997 must have received one dose of Tdap and meningococcal vaccine.

A **mantoux (tuberculosis test)** within the previous six months may be required for certain students depending on yearly revised state criterion.

You will also be notified by the nurse, if this test is needed.

### OTHER INFORMATION INCLUDED IN THE PACKET:

- Attendance/Roll Call System Policy information. Absences must be reported to the Main Office daily.
- School Policy on Administration of Medication during school hours.
- Physician and Parent Request for Medication form. (The Asthma Treatment Plan form for asthma medications can be downloaded at [www.fpk.org/brooklake](http://www.fpk.org/brooklake). (health info).

If you have any questions or concerns, please feel free to call me at 973-822-3888, X. 4003 or e-mail me at [marge.aromando@fpk.org](mailto:marge.aromando@fpk.org). Again, welcome and I look forward to having your child/children in our school.

Sincerely,  
Mrs. Marguerite Aromando, R.N., BSN  
Certified School Nurse

FLORHAM PARK PUBLIC SCHOOLS

Florham Park, New Jersey 07932

Phone: (973) 822-3880

**PHYSICAL EXAMINATION FORM: NEW STUDENTS**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY**

Birth Weight: \_\_\_\_\_ Developmental Disabilities: \_\_\_\_\_

Interventions: \_\_\_\_\_

Indicate dates and results of any of the following evaluations:

Vision: \_\_\_\_\_ Speech: \_\_\_\_\_ Hearing: \_\_\_\_\_

Spine for Scoliosis: \_\_\_\_\_ Other: \_\_\_\_\_

Allergies \_\_\_\_\_ Hepatitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Asthma \_\_\_\_\_

Lyme Disease \_\_\_\_\_ Strep Infections \_\_\_\_\_ Convulsions \_\_\_\_\_

Mononucleosis \_\_\_\_\_ Urinary Infections \_\_\_\_\_ Diabetes \_\_\_\_\_ Otitis Media \_\_\_\_\_

Operations and/or Severe Injuries: \_\_\_\_\_

Contagious Diseases (Indicate Date):

Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

**PHYSICAL EXAMINATION**

Date of Examination: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

TEETH, MOUTH \_\_\_\_\_ HEART \_\_\_\_\_ MANTOUX \_\_\_\_\_

SKIN \_\_\_\_\_ EARS R \_\_\_\_\_ L \_\_\_\_\_ NUTRITION \_\_\_\_\_

EYES R \_\_\_\_\_ L \_\_\_\_\_ LUNGS \_\_\_\_\_ EXTREMITIES \_\_\_\_\_

NOSE \_\_\_\_\_ ABDOMEN \_\_\_\_\_ FEET \_\_\_\_\_

HEAD, NECK \_\_\_\_\_ GENITO-URINARY \_\_\_\_\_ SPINE \_\_\_\_\_

LYMPH GLANDS \_\_\_\_\_ HERNIA \_\_\_\_\_ COORDINATION \_\_\_\_\_

THYROID \_\_\_\_\_ NERVOUS SYSTEM \_\_\_\_\_

If the child is on medication, please give details:

\_\_\_\_\_

\_\_\_\_\_

Are there any physical restrictions?

Do you have any further comments or recommendations concerning the child's physical or emotional health which may affect school adjustment? \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

A faxed copy of this form can be temporarily accepted, the signed original form must follow within 7 days.

## Florham Park Public Schools Immunization Form

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

The Florham Park Board of Education, in compliance with New Jersey State Law, Chapter 14, requires that children are properly immunized to enter/attend school. Immunization requirements are listed on the reverse of this form. Please have your physician record dates below:  
**DATE**

<b>1. DIPHTHERIA, TETANUS, PERTUSSIS</b> Indicate Type of Vaccine (DTaP, Td, DT)	<b>Initial Series</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
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<b>2. Tdap</b>	1. _____
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<b>3. ORAL POLIO VACCINE</b> (Indicate OPV or IPV)	1. _____ 2. _____ 3. _____
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<b>4. MMR</b>	1. _____	2. _____
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<b>5. MEASLES VACCINE (Rubeola)</b>	1. _____	2. _____
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<b>6. RUBELLA (GERMAN MEASLES) VACCINE</b>	1. _____
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<b>7. MUMPS VACCINE</b>	1. _____
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<b>8. VARICELLA VACCINE</b> (or Disease Date: _____ )	1. _____	2. _____
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<b>9. HAEMOPHILIS B (Hib)</b>	1. _____ 2. _____	3. _____ 4. _____
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<b>10. HEPATITIS B</b>	1. _____ 2. _____ 3. _____
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<b>11. PNEUMOCOCCAL</b>	1. _____	2. _____
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<b>12. MENINGOCOCCAL</b>	1. _____
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<b>13. INFLUENZA</b>	<b>Most Current</b>	1. _____
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<b>14. HEPATITIS A</b>	1. _____	2. _____
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<b>15. MANTOUX</b> (Tuberculosis) test within the previous 6 months required for students transferring from countries determined by NJ law.	<b>Date:</b> _____ <b>Result:</b> _____
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<b>16. OTHER IMMUNIZATION:</b> Record below					
TYPE _____	Date _____	TYPE _____	Date _____	TYPE _____	Date _____

\_\_\_\_\_  
Physician's Name (Please print)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY**  
**Chapter 14: Immunization for Pupils in School**

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS	COMMENTS
<b>DTaP</b>	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses.
<b>Tdap</b>	GRADE 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DtaP or Td dose.
<b>POLIO</b>	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years of age or older.
<b>MEASLES</b>	If born before 1-1-90, 1 dose of a live Measles-containing vaccine. If born on or after 1-1-90, 2 doses of a live Measles-containing vaccine. If entering a college or university after 9-1-95 and previously unvaccinated, 2 doses of a live Measles-containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1968. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.
<b>RUBELLA and MUMPS</b>	1 dose of live Mumps-containing vaccine. 1 dose of live Rubella-containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1968.
<b>VARICELLA</b>	1 dose on or after first birthday.	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering a school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.
<b>HAEMOPHILIS B (Hib)</b>	(AGE 2-11 MONTHS) <sup>(1)</sup> : 2 doses (AGE 12-59 MONTHS) <sup>(2)</sup> : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. <sup>(1)</sup> Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. <sup>(2)</sup> Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.
<b>HEPATITIS B</b>	(K-GRADE 12): 3 doses or 2 doses <sup>(1)</sup>	<sup>(1)</sup> If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.
<b>PNEUMO-COCCAL</b>	(AGE 2-11 MONTHS) <sup>(1)</sup> : 2 doses (AGE 12-59 MONTHS) <sup>(2)</sup> : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. <sup>(1)</sup> Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. <sup>(2)</sup> Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.
<b>MENINGO-COCCAL</b>	(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose <sup>(1)</sup> (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose <sup>(2)</sup>	<sup>(1)</sup> For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. <sup>(2)</sup> Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
<b>INFLUENZA</b>	(AGES 6-59 MONTHS): 1 dose ANNUALLY	For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.

**AGE APPROPRIATE VACCINATIONS (FOR LICENSED CHILD CARE CENTERS/PRE-SCHOOLS)**

**CHILD'S AGE**

2-3 Months  
4-5 Months  
6-7 Months  
8-11 Months  
12-14 Months  
15-17 Months  
18 Months-4 Years

**NUMBER OF DOSES CHILD SHOULD HAVE (BY AGE):**

1 dose DTaP, 1 dose Polio, 1 dose Hib, 1 dose PCV7  
2 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7  
3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza  
3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza  
3 doses DTaP, 2 doses Polio, 1 dose Hib, 2-3 doses PCV7, 1 dose Influenza  
3 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose PCV7, 1 dose Influenza  
4 doses DTaP, 3 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose Varicella, 1 dose PCV7, 1 dose Influenza

**PROVISIONAL ADMISSION:**

Provisional admission allows a child to enter/attend school but must have a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. If a pupil is <5 years of age, they have 17 months to complete the immunization requirements. If a pupil is 5 years of age and older, they have 12 months to complete the immunization requirements.

**GRACE PERIODS:**

- 4-day grace period: All vaccines doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school or child care facility.
- 30-day grace period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

FLORHAM PARK PUBLIC SCHOOLS  
Florham Park, NJ 07932

SCHOOL HEALTH OFFICES

**Administration of Medications During School Hours – Policy**

Board of Education Policy states that administration of medication to a student during school hours is permitted only when the pupil's health and continuing attendance in school so require and when the medication is administered in accordance with school policy. Before any medication (prescription or over the counter) may be administered a physician's request and parental request must be completed.. If you have any questions, please contact the health office of the school your child attends.

**Attendance/Roll Call System Policy**

All Schools provide a telephone roll call system to check student attendance. This phone system insures the safety of our children by checking that they have arrived safely at school.

How the roll call system operates:

1. A telephone answering machine operates 24 hours a day. Absences are to be reported before 8:30 am in the elementary schools and before 7:30 in the middle school.
2. If your child is to be absent or late in arriving, call the school your child attends.(Briarwood - 973-822-3884, Brooklake -973-822-3888, Ridgedale -973-822-3855) A recorded message will answer and direct you to press the number to report a student absence.

Please be ready to give the following information:

- A. Your name
  - B. Child's name and grade
  - C. Brief reason for absence and expected date of return
  - D. Press the # button as instructed when done recording
3. This is required each day your child will be absent due to illness.
  4. If you know ahead of time that your child will be absent, please notify the office.
  5. At 9:00 am all names recorded on the system will be retrieved and compared to the class attendance sheets
  6. If an absent child is unaccounted for on the tape, the parents will be notified at home or work. If they cannot be reached, the emergency number you provided will be called. If we are still unable to locate your child, the Florham Park Police Department and attendance officer will be notified to visit your home.
  7. Please recognize that the state of New Jersey is increasing enforcement of unexcused absences truancy. The following reasons listed that are **excused absences**. Anything not listed WILL be considered **unexcused**. Students are considered **Truant if 10 or more unexcused absences are accrued**:
    - a. Student illness
    - b. Appointment with a medical doctor
    - c. Recovery from an accident
    - d. Required court appearance
    - e. Death in the family
    - f. Religious observance
    - g. Such good cause as may be acceptable to the principal

**FLORHAM PARK PUBLIC SCHOOLS**  
Florham Park, New Jersey 07932  
Phone: (973) 822-3880

**\* REQUEST FOR MEDICATION ADMINISTRATION BY THE NURSE**

**PHYSICIAN'S AUTHORIZATION:**

In order to protect the health of \_\_\_\_\_, it will be necessary for  
(Student's Name)  
him/her to have medication during school hours or a school trip, prescribed by me, as follows:

Name of medication: \_\_\_\_\_

Mode of administration: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of day to be given: \_\_\_\_\_

Purpose of medication/diagnosis: \_\_\_\_\_

(Circle) Daily or PRN? (if PRN how soon can it be repeated) \_\_\_\_\_

Number of days given: \_\_\_\_\_ or entire school year \_\_\_\_\_

Possible side effects/instructions: \_\_\_\_\_

**I certify that the student is free of any communicable diseases and may return to school:**

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**PARENTAL AUTHORIZATION:**

I request the school nurse administer the above medication as directed by my physician to my child. I will supply the medication in its **original container** (prescription or over-the-counter) and notify the school nurse promptly of any change.

**Please give:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Child's name/grade) (Dosage) (Medication)

at \_\_\_\_\_ A.M./P.M. on the following day(s) \_\_\_\_\_

**This medication is being administered for the following reason:** \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\*Authorization is effective for the current school year only. The Board of Education will permit the dispensation of medication in school only when the pupil's health and continuing attendance in school so require and the medication is administered in accordance with the Board's policy.

A faxed copy of this form can be *temporarily accepted*, **the signed original form must follow within 7 days.**