

**GREAT NECK PUBLIC SCHOOLS
RICHARD S. SHERMAN – GREAT NECK NORTH MIDDLE SCHOOL**

**77 Polo Road
Great Neck, New York 11023**

**TELEPHONE (516) 441-4510
FAX (516) 441-4596**

NANCY GUNNING
Assistant Principal
ngunning@greatneck.k12.ny.us

GERALD C. COZINE
Principal
gcozine@greatneck.k12.ny.us

JENNIFER ANDERSEN
Assistant Principal
jandersen@greatneck.k12.ny.us

Summer

Dear incoming 6th Grade Parent/Guardian:

As we prepare for the upcoming school year, we need some important safety information from you. Please complete the **forms attached** and return to the Health office **before** the first day of school. **Every child must return these forms.**

If any of this information changes during the school year, please call the Health Office at 441-4510 in order that we can support your child in every possible way.

If your child will be absent from school, please call the Main Office attendance line, which is **441-4515**.

I wish you and your family a wonderful and safe summer.

Sincerely,

Lisa Farazmand, R.N.
School Nurse
Phone 516-441-4510
Fax 516-441-4596
LFarazmand@greatneck.k12.ny.us

LF
Attachments

GREAT NECK PUBLIC SCHOOLS

Health Services
Immunization T-dap and Varicella Requirement

Dear Parent/Guardian:

New York State Public Health Law requires that all children who are entering 6th grade and who are 11 years of age (or older), receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap). All 6th graders are also required to have two doses of Varicella vaccine.

◆ **11 year old students entering 6th grade will be excluded from school if they do not receive the required immunization.**

If your child has already been vaccinated, written proof from your DOCTOR indicating the date of injection, doctor's signature and stamp must be provided to the school nurse and should be submitted **now**.

If your child has not yet turned 11, a letter from the doctor with the appointment date and intention to administer the vaccine is required.

If you have any questions, please call the Health Office.

Thank you,
Lisa Farazmand, R.N.
School Nurse
PHONE: 516-441-4510
FAX: 516-441-4596

Please have your Doctor fill out this form and return it to the Health Office.

Students Name: _____

Tdap _____ / _____ / _____ MCV4 _____ / _____ / _____

Varicella (1) _____ / _____ / _____ Varicella (2) _____ / _____ / _____

Physician's Signature & Stamp

Address

Phone #

GREAT NECK PUBLIC SCHOOLS
Health Services
Confidential Health Concerns

School Year: _____

NAME: _____

GRADE: 6th

Dear Parent:

For the safety and well being of your child, it is important that the appropriate staff be aware of any health concerns your child may have.

By signing this form you are authorizing the nurse to share this important information with relevant school staff.

MEDICATION ALLERGY:

FOOD ALLERGY:

YES

NO

If **YES** please specify:

OTHER ALLERGY: (i.e. insect bites, bee stings, etc.)

MEDICATION:

*If your child requires medication (i.e. Epi-Pen) for Life Threatening Allergies, for the safety of your child, **immediately** contact your school nurse for further directions.

MEDICATION GIVEN AT HOME:

MEDICAL CONCERNS:

TREATMENT:

*****Your prompt return of this vital form is greatly appreciated*****

Parent Signature

School Nurse
Health Services