

**Alexandria Township School District**  
**Lester D. Wilson School**  
525 County Road 513  
Pittstown, NJ 08867

Telephone: (908) 996-6812 ext. 206

Fax: (908) 996-3163

Dear Parents,

New Jersey law now requires that every child 6 months though **59 months of age**, attending any child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of Influenza vaccine between September 1 and December 31 of each year.

(59 months – your child is exempt if he or she turns 5 prior to November 30<sup>th</sup> of that year)

As your child is enrolled in the Preschool Program, your child will need to receive at least one dose of the Flu Vaccine this **fall**.

Once your child has received the Flu Vaccine, please forward documentation from her/his physician with the month, day, and year it was given, so your child's school health record may be updated. Your physician may provide a copy of your child's immunization record, or document the information on the bottom portion of this form. This information must be provided to the school by the last school day in December.

Please contact your physician as soon as possible to schedule an appointment so that you child is properly immunized.

If your child does not receive the state required vaccine prior to the last school day in December he/she **will not** be permitted to return to school when we resume in January.

Sincerely,

Kim Breidt RN

---

**TO BE COMPLETED BY PHYSICIAN:**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE OF Flu Vaccine: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

---

AND STAMP