

Palisades School District

To the Parent or Guardian of _____:

Before your child may enter kindergarten in Pennsylvania, you must show proof that your child has been immunized according to the following list:

- 4 doses of Tetanus and Diphtheria and acellular pertussis(one dose after the child's 4th birthday)
- 4 doses of Polio (fourth dose on or after 4th birthday and at least 6 months after previous dose given)
- 2 doses of Measles, Mumps and Rubella (MMR) (first dose after child's first birthday)
- 3 doses of Hepatitis B (Hep B)
- 2 doses of Varicella (after the child's first birthday) or Age of child when he/she had the chickenpox disease

A review of your child's record shows that he/she needs the following immunization(s):

VACCINE NEEDED

- _____ Hepatitis B
 _____ Tetanus, diphtheria, and acellular pertussis
 _____ Polio
 _____ MMR (Measles, Mumps, Rubella)
 _____ Varicella or age of child when he/she had chicken pox
 _____ Medical confirmation of all immunizations with dates

This immunization(s) may be completed by your family physician or through the Bucks County Health Department. There is no charge for immunizations through the Health Department. For more information or to make an appointment call 215-345-3344 or 215-529-7000.

In order for your child to attend school, immunizations must be complete and proof of immunizations or a signed religious, philosophical or medical exemption form must be provided. If assistance is needed, please feel free to call the school nurse.

Sincerely,

Heather Page, RN, BSN, MS, CSN (Palisades High School) -ext. 2011

Nicola DeMarco, RN, CSN (Palisades Middle School)-ext. 1011

Penny Neeld RN (Durham Nockamixon Elementary) -ext. 3011

Kathleen Sadow, RN (Springfield Elementary) -ext. 6011

Robin Hahn, RN (Tincum Elementary) -ext. 7011