



**H. B. WHITEHORNE MIDDLE SCHOOL**  
**600 Bloomfield Avenue**  
**Verona, NJ 07044**

**Telephone: 973-571-6751**

**Fax: 973-571-6767**

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**Mrs. Yvette McNeal**  
**Principal**

**Mr. David Galbierczyk**  
**Principal**

Dear Parents and Guardians:

Please read this very important information regarding the 2017 - 2018 school year. The Verona Public School District has put **all** necessary paper work on our school website for you. Please visit the updated webpage under the HEALTH tab of our website for any information you may have questions about and all medical forms needed.

If your child requires any medications in school (including over the counter Tylenol, Motrin etc.) you need to have your physician complete the **Permission Form for Prescribed Medication Form**. If your child has Asthma or Allergies that require emergency medications please fill out the **Asthma Treatment Plan and Self-Administered Emergency Life-Saving Medication Form** or the forms in the **Epipen Packet**. These forms are located on our districts website as well as the HBW webpage under the HEALTH tab.

**All 6<sup>th</sup> Grade students are required to get two immunizations this year. The Tetanus, Diphtheria and Acellular Pertussis vaccine and the Meningococcal vaccine are required by N.J. State law prior to entry into school.** Please see my letter and have your physician complete the **6<sup>th</sup> Grade Immunization Record Form**. All 5<sup>th</sup> and 7<sup>th</sup> Grade Students will be screened for scoliosis. Please see my **Scoliosis Screening Form** letter. If you do not want your child to be screened, please complete the second page of the letter and return to the Nurse's Office. If you have any questions regarding any of the paperwork please do not hesitate to call me.

If your child is participating in any after-school sports, clubs or activities you need to fill out **the NJ State Physical Forms**. These must also be signed by your physician. The link to these forms are now located on our website under the HEALTH tab.

In addition, if your child needs to be excused from Physical Education class they are to bring a note to the Nurse's office first thing in the morning. If they need to be out for more than three consecutive classes they will require a medical excuse from a physician.

Thank you for your cooperation. I look forward to caring for your child next year! Have a very healthy and happy summer!

Norma Palmer, RN, CSN  
HBW Middle School



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**June 2017**

**Dear Parents/Guardians of 5<sup>th</sup> Grade Students,**

In accordance with NJ State Immunization Laws, your child must show proof of receiving a Tdap (tetanus, diphtheria, acellular pertussis) vaccine given no earlier than their 10<sup>th</sup> birthday AND proof of one dose of meningococcal-containing vaccine prior to entry into 6<sup>th</sup> grade.

Please check with your child's pediatrician as to whether or not your child is meeting the requirements and return the second page of this notice to me as soon as possible. The exact date of immunization and the physician signature and stamp are required as proof of vaccination.

According to NJ State Law, I **MUST** receive all immunization information **prior** to entering 6th grade.  
**Please note that your child could be excluded from school if not in compliance with this State law.**

I appreciate your cooperation in this matter. I look forward to caring for your children next year! Have a safe and happy summer!

**Regards,**

**Norma Palmer, RN, CSN**  
**School Nurse**  
**HBW Middle School**  
**(973) 571-6751**

**6<sup>TH</sup> GRADE IMMUNIZATION RECORD:**

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**DATES OF IMMUNIZATIONS:**

**TDAP:** \_\_\_\_\_

**MENINGOCOCCAL/MENACTRA:** \_\_\_\_\_

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

**PHYSICIAN'S STAMP:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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Dear Parent or Guardian:

There will be a screening program for scoliosis for all students in the 5<sup>th</sup> and 7<sup>th</sup> grade classes this year (screening is required by law every 2 years through high school).

Scoliosis is defined as a condition of the spine in which the spine may curve to the right or left. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

Screening will take place on an individual basis in the nurse's office. I will inspect each child's spine as he or she stands and bends.

If a spinal problem is suspected or if further consultation is recommended, parents will be notified.

If your child is currently under active treatment for a spinal problem, please notify me and we will not conduct the screening.

The law allows any student to be exempt from examination upon written request by the parent or guardian. Please complete the form below if you wish your child exempt.

Regards,

Norma Palmer, RN, CSN  
HBW School Nurse  
(973) 571-6751

Please sign and return this form to me if you DO NOT want scoliosis screening done on your child.

**I DO NOT WANT MY CHILD SCREENED FOR SCOLIOSIS AT SCHOOL.**

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_