

OFFICE OF THE SUPERINTENDENT

Lincoln School Building • 8 Hunter Street• Lodi, New Jersey 07644 Phone:
(973) 778-4620 • Fax: (973) 778-6393

Re: Elementary Students

Dear Parent/Guardian of New Entrant:

In compliance with the laws and guidelines of the State of New Jersey, all new entrants into the Elementary Lodi Public School District must fulfill the following requirements:

Please make sure that ALL the documents are legible and translated in English. Please provide the doctor's transcribed (electronic) copy of your child's vaccine record. The yellow vaccine card is **NOT** acceptable due to missing important vaccine and provider information.

IMMUNIZATIONS:

Please make sure you have the necessary documents indicating at least one (1) of the following immunizations:

- **DPT/TDAP/Td**
- **Polio/IPV/OPV**
- **Measles, Mumps, Rubella** (either in a single dose of each or in combination with **MMR**); any child born on or after January 1, 1990 must have two doses of the Measles Vaccine.
- **Hepatitis B Vaccine**
- **Varicella vaccine:** Any child born after January 1, 1998 entering Pre-K, Kindergarten or Grade I must have one dose of varicella vaccine after the first birthday, or provide the date of when your child had the chickenpox.
- **Mantoux/PPD/TB test:** Mandatory in high risk countries.

MANTOUX TESTING: Any student entering the Lodi School District may be required to receive the Mantoux/PPD/TB test for Tuberculosis in order to be in compliance with the New Jersey State Regulations. Please be aware that a **BCG vaccine is NOT accepted in the United States and is NOT a replacement for the Mantoux/PPD/TB test.**

Pre-k specific requirements:

- Any child through 5 years of age attending Pre-K must have at least one dose of influenza vaccine annually between September 1st and December 31st.
- Any child through 5 years of age entering Pre-K must have at least one dose of pneumococcal and HIB on or after their first birthday.

In the event that the immunization is not completed within the allotted time period, your child WILL BE EXCLUDED FROM SCHOOL.

All immunizations in another language must be translated to English. If this information is NOT provided, your child will be denied entrance into the school until all the requested documents are provided. If your child is under-insured or uninsured, please contact familycare.org or call 1-800-701-0710 for assistance.

PHYSICAL EXAMINATION: Please be aware that your child must have a physical examination within 1 year of the start of the current school year.

DENTAL EXAMINATION: The dental form is required and needs to be completed by your child's dentist. A copy of the scheduled appointment date will be accepted to prevent delay in registering your child.

Your anticipated cooperation is greatly appreciated! The school nurse and phone number for each school is listed below. You can contact the appropriate nurse for any questions and/or assistance.

Columbus School: Lisa Cangialosi, BSN, RN: 973-478-3503
Hilltop School: Shannon Rodrigues BSN, RN: 973-778-1213
Roosevelt School: Joanne Tarabocchia, BSN, RN: 973-777-5362
Washington School: Christine Liberty, RN: 973-777-8519
Wilson School: Lorraine Tuohy, BSN, RN, CSN: 973-779-3888

**Lodi Public Schools
School Health Services
Lodi, NJ 076744**

Date of Exam: _____ Today's Date: _____

Student: _____ DOB: _____ Sex: _____

Height: ___ Weight: ___ Pulse: ___ BP: ___ Allergies: _____

Vision: Right Eye: _____ Left Eye: _____ Both Eyes: _____ Wears glasses/contacts: _ Y _ N

Hearing: Right Ear: _____ Left Ear: _____

Does student require any special seating accommodation due to vision/hearing deficit? _____ Y _____ N

Heart (*include rate, rhythm and murmur*) _____

Lungs _____ Abdomen _____ Hernia _____

Eyes _____ Ears _____ Nose _____ Throat _____

Teeth/Mouth _____ Skin _____ Posture _____

Feet _____ Joints _____ Scoliosis _____

Neurological _____ Genitalia _____

Please list past surgeries, injuries and/or illnesses: _____

Does student have any medical *condition(s)* which would limit school activity, inclusive of but not limited to physical education and sports? If yes, explain what the condition is and the restrictions:

Is student taking any medication on a regular basis? If yes, please state the medication, dosage, schedule and possible side effects: _____

Is student taking any medication on a regular basis? If yes, please state the medication, dosage, schedule, and possible side effects: _____

Is student using an inhaler, epi-pen, or insulin and if yes, is that student capable of self-administration of this medication?

Y N List which of the above the student uses: _____

Please list most recent immunization & dates: _____

Any referrals made & to whom: _____

Physician/Healthcare Provider Signature

Name

Address

Phone

(Please Stamp/Print Above)

**NORTH HUDSON COMMUNITY
ACTION CORPORATION
HEALTH CENTER
535 MIPLAND AVENUE
GARFIELD, NJ 07026
Appts. ONLY: (201) 210-0200
Tel: (973) 340-1182
Fax: (973) 340-1156
Hours: Mon. - Fri. 8:30am-5:00pm
Tuesday 8:30a -7:00pm**

I would like to take this opportunity to introduce North Hudson Community Action Health Center at Garfield. We are a Federally Qualified Health Center.

We offer a VARIETY of services including:

- ADULT MEDICINE
- WOMEN'S HEALTH (Family Planning Services and OB Care)
- PEDIATRIC (FREE Vaccines for children under 18yrs)
- DENTISTRY (Monday, Tuesday, Wednesday & Friday ONLY)

We accept:

- Medicaid
- MEDICARE
- HMO (ALL Insurances)
- UNINSURED PATIENTS (Based on a SLIDING FEE SCALE)

If you have any questions, please call us@ 973-340-1182.

*** NO ONE SHOULD GO WITHOUT CARE ***

Columbus School

370 Westervelt Place, Lodi, New Jersey
07644

Tel: (973) 478-0514 • Fax: (973) 478-7753

Health Assessment

Child's Name: _____ (Nickname) _____

Address: _____

Date of Birth ----- Right Handed ___ Left Handed ___

Mother's Name _____ Father's Name _____

Did you have a normal birth and delivery? (YIN) _____ If Not Please Explain _____

Premature? ----- Birth Weight? _____

Does your child see a doctor, dentist, and/or psychologist for continuous medical supervision other than a yearly physical? (YIN) ___

Does your child take medication regularly? (YIN) ___ If yes what medication and for what reason?

Does your child have asthma? (YIN) ___ If yes does your child use inhaler/nebulizer? (YIN) ___

What medication is used to treat your child's asthma? _____

Does your child have any allergies to: Medication? (YIN) ___ Food? (YIN) ___ Dust or Pollen? (Y/N) ___

Does your child take any prescribed medication for seasonal allergies? ___

Has your child had any of the following? If so please give month and year in box

	Epilepsy		Strep Throat		Frequent Ear Infections
	Chicken Pox		Scarlet Fever		Bronchitis
	Tonsillitis		Rashes		Congenital Defects
	Asthma		Hepatitis		Convulsions
	Diabetes		Heart Disease		Mononucleosis

Columbus School

Robert Cannizzaro
Principal

370 Westervelt Place, Lodi, New Jersey 07644
robertcannizzaro@lodi.k12.nj.us

Tel: (973) 478-0514 • Fax: (973) 478-7753

Does your child have any problems with hearing? (YIN) _____ Speech? (YIN) ____

How is your child's Appetite? Excellent Good Fair Poor

Any special Diet at home? _____ Does your child eat breakfast? _____

Does your child sleep well at night? _____ Does your child have a rest period during the day? (YIN) ____

Can your child take care of their bathroom needs? (YIN) ____ If Not, what assistance is needed?

Has your child attended nursery school? (YIN) ____ If yes, where and how long? _____

Has your child ever experienced any sever emotional shock? (YIN) ____ If so please explain:

Does your child have any strong fears? (YIN) ____ If so please explain: _____

Should there be any additional matters you would like to share please contact the nurse.

Sincerely,

Ms. Lisa Cangialosi, RN, BSN

School Nurse
973-478-3503

Date: _____

Parent/Guardian Signature

ADMINISTRATION OF MEDICATION

Policy No. 5330

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. However, in order for many pupils with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. Parents and legal guardians are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of pupils. The Board will permit the administration of medication in school in accordance with applicable law.

Medication will only be administered to pupils in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, the pupil's parent(s) or legal guardian(s), a pupil who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine, in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.

Self-administration of medication by a pupil for asthma or other potentially life-threatening illness or a life-threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.

Medication no longer required must be promptly removed by the parent(s) or legal guardian(s).

The school nurse shall have the primary responsibility for the administration of epinephrine. However, the certified school nurse may designate, in consultation with the Board or the Superintendent, additional employees of the district who volunteer to be trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services when the school nurse is not physically present at the scene.

The school nurse or designee shall be promptly available on site at the school and at school-sponsored functions in the event of an allergic reaction. In addition, the parent(s) or legal guardian(s) must be informed that the school district, its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine to the pupil.

The parent(s) or legal guardian(s) of the pupil must sign a statement acknowledging their understanding the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and the parent(s) or legal guardian(s) shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil.

The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

Each school in the district shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or a similar accessible location. Each certified school nurse or other persons authorized to administer asthma medication will receive training in airway management and in the use of nebulizers and inhalers consistent with State Department of Education regulations. Every pupil that is authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the pupil's physician which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the State Board of Education.

All pupil medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by pupils. In those instances, the medication may be retained by the pupil with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best educational interests. The school nurse may report to the school physician any pupil who appears to be affected adversely by the administration of medication and may recommend to the Principal the pupil's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a pupil. Pupils self-administering medication shall report each incident to a teacher, coach or other individual designated by the school nurse who is supervising the pupil during the school activity when the pupil self-administers. These designated individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the pupil's health file.

N.J.S.A. 18A:6-1.1; 18A:40-3.1; 18A:40-6; 18A:40-7; 18A:40-12.3;
18A:40-12.4; 18A:40-12.5; 18A:40-12.6; 18A:40-12.7;
18A:40-12.8

N.J.S.A. 45:11-23

N.J.A.C. 6A:16-2.3(b)

Date Adopted: 5/6/80

Date(s) Revised: 4/14/94, 9/27/95, 5/26/99, 6/25/03, 10/26/05, 1/23/08

ALCOHOLIC BEVERAGES ON SCHOOL PREMISES Policy No. 7435

The knowing possession, without legal authority, or knowing consumption of any alcoholic beverage by any person on school premises is a disorderly person's offense.

The Board of Education prohibits the possession and consumption of an alcoholic beverage, without the express written permission of the Superintendent, by any person in any school building and on school property or at any school sponsored activity.

The Board will report to law enforcement officials and prosecute as appropriate any person who violates law and this policy, except that any pupil who possesses or uses or is under the influence of alcohol on school premises or at any school sponsored activity will be treated in accordance with law and Policy Nos. 3218, 4218, and 5530.

School district employees who violate this policy or are present on school premises or at any school sponsored activity while under the influence of alcohol will be subject to discipline, which may include dismissal or certification of tenure charges, as appropriate.

N.J.S.A. 2C:33-15 et seq.

N.J.S.A. 18A:40A-12

N.J.S.A. 24:21-2 et seq.

Date Adopted: 7-22-08

ASSAULTS ON DISTRICT BOARD OF EDUCATION MEMBERS OR EMPLOYEES Policy No. 5612"

Any student who commits an assault, as defined under N.J.S.A. 2C:12-1(a)1, not involving the use of a weapon or firearm, upon a teacher, administrator, other school district employee, or Board member acting in the performance of his or her duties and in a situation where his or her authority to act is apparent, or as a result of the victim's relationship to the school district, shall be immediately removed from school pursuant to N.J.S.A. 18A:37-2.1 and N.J.A.C. 6A:16-5.7.

A student, other than a student with a disability, who commits an assault as defined in N.J.S.A. 2C:12-1(a)1, shall be immediately removed from school consistent with due process procedures, pending a hearing pursuant to N.J.A.C. 6A:16-7.2 through 7.5. Nothing in N.J.S.A. 18A:37-2.1 or N.J.A.C. 6A:16-5.7 shall be construed as

prohibiting the expulsion of a general education student. A student with a disability who commits an assault as defined in this Policy, shall be removed in accordance with N.J.A.C. 6A:14 and due process proceedings in accordance with N.J.A.C. 14-2.7 and 2.8.