

Dear SMLS families,

My name is Jenna Grubb and I am the new school nurse at Saint Mary of the Lakes. I am here full time Monday-Friday from 8am-3:15pm and I am excited for a great school year ahead.

I sent home an emergency contact card with your child, If you've already completed this, please disregard.

In addition to the age-appropriate mandatory vaccines, a flu shot is also required for all preschool students. This needs to be completed by December 31st. I am still sorting through all the new student paperwork so if everything has been turned in, please disregard. If there is something outstanding or something that needs clarification, I will reach out. If your child received the COVID vaccine, please feel free to send a copy of that in as well.

Our goal here at SMLS is to keep everyone happy and healthy and ready to learn and we can achieve this by working as a team. If your child is not feeling well, please do not send your student to school. If you have any questions, especially regarding COVID protocols, please do not hesitate to reach out, I'm only a phone call away. I can be reached at (609) 654.2546 x 213.

If your child has Asthma requiring an inhaler or food allergies requiring an epi pen please make sure to send in an Asthma Action Plan or Allergy care plan for the student. I am still working through some paperwork so again, if you've already sent this in, please disregard.

I will be sending out a small note if your student has visited the nurses office during the day and if it's a more serious issue, I will be calling you.

Thank you so much for your time and I hope you have a wonderful week!

Jenna Grubb, RN BSN

School Nurse

Saint Mary of the Lakes School 609-654-2546 x213

Fax: 609-654-8125

**NAME OF SCHOOL DISTRICT**

**St. Mary of the Lakes School Medford, NJ**

ID#office use only \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (Mo/Day/Year) \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Teacher/H.R. \_\_\_\_\_

**To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother/ \_\_\_\_\_ Home \_\_\_\_\_

Guardian

Work \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_

Home/ \_\_\_\_\_ Home/ \_\_\_\_\_

Address

Work/ \_\_\_\_\_ Work/ \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Telephone: Home \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Please list other children attending St. Mary of the Lakes School (Name, School)

☐ Please check this box if there has been a name change of parent/guardian, address or telephone number.