

*South Newton School Corporation*  
*Health Services*  
*Paula J. McCarthy, Director of Health Services*

*South Newton Elementary*  
*Casey Hall, Principal*  
*13188 S 50 E*  
*Kentland, IN 47951*  
*219-474-5167*  
*219-474-3621(fax)*

*South Newton Middle School*  
*Tansey Mulligan, Principal*  
*13100 S 50 E*  
*Kentland, IN 47951*  
*219-474-5167*  
*219-474-3624(fax)*

*South Newton High School*  
*Charles Huckstep, Principal*  
*13102 S 50 E*  
*Kentland, IN 47951*  
*219-474-5167*  
*219-474-6592(fax)*

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Your student is required to have two doses of Varicella (Chickenpox), *OR* history of the disease.

There are three ways to meet this requirement:

1. Your child may receive the chickenpox vaccinations
2. A parent may sign a statement (see below) that your child has had the chickenpox, including month and year **for grades 9 - 12 ONLY.**
3. A physician **MUST** verify in writing that your child has had chickenpox, including month and year **for Pre-school - 8th grade students.**

*If your student has had Varicella(Chickenpox) as a disease, please fill out the following form.*

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

Date of birth: \_\_\_\_\_

**My child has had the chickenpox disease on the following date:**

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Month	Year
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Parent/Guardian Signature	Date
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Please return to the school nurse on the next school day.  
Thank you.