



Superintendent: Dr. Rod Thompson

[DATE]

[PARENTS(s)]

[ADDRESS]

[CITY], [STATE] [ZIP]

Re: Immunizations

Dear Parent(s):

As you know, school began today. To date, we have no immunization records for your child nor any record of a request for an exception. In order for your child, [NAME OF CHILD], to remain enrolled, we must receive proof that he/she has received immunization against a number of diseases as required by state law or that he/she qualifies for one of the statutory exceptions. By this letter, we wish to verify that our records concerning your child are accurate and complete.

Please submit a statement on the enclosed form to [NAME OF SCHOOL OFFICIAL] from a physician or a public clinic verifying that [NAME OF CHILD] has received the required immunizations, consistent with medically acceptable standards. By state law, we cannot allow [NAME OF CHILD] to stay in school unless we have received proof that he/she has had the required immunizations or has satisfied one of the statutorily recognized exceptions.

If you cannot submit a statement from a physician or public clinic regarding your elementary or secondary school child, you may submit your own statement on the enclosed form detailing the precise dosages given for each required immunization and the month and year each immunization was given. If you elect to submit your own statement in lieu of one from a health care provider, please contact [NAME OF SCHOOL OFFICIAL] at [TELEPHONE NUMBER] to determine the precise vaccinations required for your child, as the requirements vary according to the child's age.

If you are claiming an exception for medical reasons that an immunization is contraindicated or because of your conscientiously held beliefs, you must either submit a statement from a physician stating the immunization is contraindicated or you must submit a notarized statement, signed by you as the parent/guardian, or if the student is an emancipated person by the emancipated person, stating that the student has not been immunized because of conscientiously held beliefs. The enclosed form may be used for this purpose.

If you have already submitted a statement to us, please indicate how the statement was submitted (i.e. hand-delivered, mailed), when it was delivered and to whom. It may be necessary for you to obtain a duplicate statement if the original cannot be found. If additional time to obtain a duplicate is required, please so indicate in your response.

If we do not receive proof of immunization or exception by [TEN SCHOOL DAYS], your child will be sent home from school and discharged from enrollment. It will then be necessary for you to re-enroll the child after immunization requirements have been met before the child can return to school. If you have any questions, please contact [NAME OF SCHOOL OFFICIAL] at [TELEPHONE NUMBER].

Thank you for your cooperation.

Sincerely,

[NAME OF SCHOOL OFFICIAL]