Date: [Insert Date]

To: [School Name / Principal Name]
School Address: [Insert School Address]

Subject: Authorization for School Return - Catch-Up Immunization Schedule

Dear [Principal/School Nurse Name],

This letter is to certify that [Student Name], born on [Student Date of Birth], is currently under my medical care and is in the process of completing their required immunizations for school attendance.

The student has received the following vaccines as of [Last Vaccination Date]:

- [Vaccine Name 1]
- [Vaccine Name 2]

Because some vaccines require specific intervals between doses, the student is currently on a medically supervised "Catch-Up Schedule." The next scheduled appointment for the remaining required doses is on [Next Appointment Date].

Pursuant to local health department guidelines, this student is considered "in-progress" and is medically authorized to attend classes provided that they remain compliant with the scheduled follow-up appointments. I will provide updated records following each visit.

If you require further documentation or have questions regarding the schedule, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]
[Doctor Name, MD/DO]
[Clinic/Medical Facility Name]
[License Number]