

[Date]

[Parent/Guardian Name]

[Street Address]

[City, State, Zip Code]

RE: Annual Immunization Record Update

Student Name: [Child's Full Name]

Date of Birth: [Child's Date of Birth]

Dear Parent or Guardian,

To ensure the health and safety of all children in our care and to remain in compliance with state healthcare regulations, we require an updated copy of your child's immunization records annually.

Please provide a copy of your child's most recent immunization card or a printout from your pediatrician's office. This record must show all vaccines received to date, including any boosters administered within the last twelve months.

Please submit the updated documentation by [Due Date] via one of the following methods:

- Hand-deliver to the front office
- Email a digital copy to: [Email Address]
- Fax to: [Fax Number]

If your child has a medical exemption or if you have questions regarding which vaccines are required for their age group, please contact us at [Phone Number].

Thank you for your prompt attention to this matter and for helping us keep our environment healthy.

Sincerely,

[Your Name/Signature]

[Title/Department]

[Organization Name]