

Date: [Insert Date]

To: [Name of Doctor or Clinic Name]

Address: [Doctor's Address]

Fax/Email: [Doctor's Fax or Email]

RE: Immunization Record Request

Patient Name: [Child's Full Name]

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

Dear Records Department,

I am writing to request a copy of the complete immunization records for my child, [Child's Name], for the purpose of summer camp enrollment.

Please provide a certified copy of the records including dates for all vaccinations received. You may provide the records via the following method:

- Email to: [Insert Your Email Address]
- Fax to: [Insert Fax Number]
- Mail to: [Insert Your Home Address]

I, [Your Name], am the [Parent/Legal Guardian] of the patient listed above and hereby authorize the release of these medical records.

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]