

Immunization 2nd Letter

Dear parent / Guardian:

Just a reminder that your child's _____

Immunization certificate will expire on _____. Please take your

Child to the Health Department or his/her doctor to have immunization brought up-to-date, as soon as possible, so your child may remain protected from disease. Please have the facility give you an updated certificate.

Failure to provide an up-to-date immunization certificate within fourteen (14) days after expiration will result in your child being excluded from the Head Start program until a valid immunization certificate is received.

If you need assistance in making the appointment, or need help with transportation, please feel free to call me at _____.

Thank you,

(Staff Signature)