

Parent Health Information Letter

Dear Parent / Guardian:

It has come to our attention that your child, _____,
(Child's Name)

Needs a / an _____ . We could not find it
(Medical/Dental Needed)

in his/ her health records. Please attend to this matter to help keep your child up-to-date on health requirements for their age. Please contact their health care provider to obtain this information.

If you need assistance or have any questions please call me at

_____.

Thank you,

(Staff Signature)

(Date)