

SAMPLE LETTER A

[TO BE PLACED ON SCHOOL DISTRICT STATIONERY]

(date)

[Parent(s)]

[Address]

Re: Immunizations

Dear Parent:

To date, we have no immunization records for your child nor a claim of exception. By state law, we cannot allow [name of child] to attend class unless we have received proof that he/she has had the required immunizations or is excepted therefrom. We must receive proof that he/she has received immunization against a number of diseases as required by state law or is excepted therefrom.

Please submit a statement to [name of school official] from a physician or a public clinic verifying that [name of child] has received the required immunizations, consistent with medically acceptable standards, *before school begins*.

If you cannot submit a statement from a physician or public clinic regarding your child, you may submit your own statement detailing the precise dosages given for each required immunization and the month and year each immunization was given. If you elect to submit your own statement in lieu of one from a health care provider, please contact the school nurse at 763-546-9999 to determine the precise vaccinations required for your child, as the requirements vary according to the child's age.

If you are claiming an exception for medical reasons that an immunization is contraindicated or because of your conscientiously held beliefs, you must either submit a statement from a physician stating the immunization is contraindicated or you must submit a notarized statement, signed by you as the parent/guardian, or if the student is an emancipated person, by the emancipated person, stating that the student has not been immunized because of conscientiously held beliefs.

If we do not receive proof of immunization or exception, your child will be sent home from school. Your child will not be able to attend class until after immunization requirements have been met before the child can return to school. If you have any questions, please contact the school nurse at 763-546-9999. Delay in meeting this requirement may result in your child being unenrolled from the school.

Thank you for your cooperation.

Very truly yours,

[School District Official]

SAMPLE LETTER B

[TO BE PLACED ON SCHOOL DISTRICT STATIONERY]

(date)

[Parent(s)]
[Address]

Re: Non-Enrollment for Lack of Immunization Proof

Dear Parent:

We are sending your child, [name of child], home today because we have not yet received proof that he or she has received appropriate immunizations or is excepted therefrom. Minnesota law does not allow us to enroll an elementary or secondary school student without proof that the student has received the required immunizations or is excepted therefrom.

[Name of child] may attend classes as soon as we have received appropriate proof of immunizations. Further delay may result in your child being unenrolled from the school. If you have any questions about the proof or the immunizations required, please contact the school nurse at 763-546-9999 as soon as possible.

We look forward to having [name of child] back in school soon.

Very truly yours,

[School District Official]

DISTRICT NOTES:

Previous notices sent on _____ by _____

Phone contacts on _____ by _____

_____ by _____

_____ by _____