Sample Letter

Dear Parent or Guardian,

According to our records, your child is due for state required vaccinations to attend school. We will be holding a vaccination clinic at our school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We will offer:

* TDaP (Required)
* Meningococcal (Optional)
* HPV-cancer prevention (Optional)

If you would like for your child to attend fill out the attached form and be sure to indicate at the top which vaccines you would like your child to receive.

Sincerely,

Principal or Administrator