

Immunization 1 st Reminder

Dear parent/ Guardian:

According to our records, your child's _____

Immunization certificate expires_____. Please take your child to the Health department or doctor for an up-dated immunization, 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 may result in your child being excluded from the Head Start program until a valid immunization certificate is received.

If you need assistance in making an appointment, please feel free to call me at

_____.

Thank you,

(Staff Signature)

(Date)