

Dear Parent of _____,

Please verify with your child's pediatrician that they are not past due on any required vaccinations. Send to school an updated, completed immunization record.

Please select one option and return this to the front office tomorrow.

_____ I will have my child's updated immunization records ASAP.

_____ My child is exempt from one or several immunizations, and will submit a Statement of Exemption from Immunizations form, from the Louisiana Department of Education or their pediatrician.

Parent Signature

Date