



Spokane County Head Start/ECEAP/EHS IMMUNIZATION DUE NOTICE

Date _____

Child's name _____ Enrollment date _____

Site _____ Room number _____

Dear Parent or Guardian:

Our records show that your child is missing the following required immunizations(s):

DTaP POLIO MMR HEP B HIB Varicella PCV

Washington state immunization laws require every child in a licensed child care facility or preschool to be fully immunized, unless exempt for medical, personal/philosophical or religious reasons. If your child has an exemption, you must provide a Certificate of Exemption signed by a medical provider or proof of membership with religious affiliation.

Your child will be excluded from attending classes or socialization stay-and-plays if his or her immunizations are not up-to-date by: _____

The required immunizations may be obtained from your doctor or health clinic. Ask your FSC for resources, if needed.

Please see me or call me at _____ if this information is not correct or if you need help to get the immunization(s) done. Thank you for your cooperation.

Family Service Coordinator's name _____

Attachments

Copy of child's Certificate of Immunization Status

Required vaccines chart

c: Center manager
Child's file