

# SCHOOL HEALTH SERVICES

Date: \_\_\_\_\_

STUDENT: \_\_\_\_\_ I.D. #: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_ REGISTRATION DATE: \_\_\_\_\_

Dear Parent/Guardian:

This letter is to notify you that your child's health record is not in compliance with Arkansas School Immunization Law. **Medicaid, ARKids1st and Private Insurance cover the cost of your vaccine.**

YOUR CHILD'S SCHOOL NURSE CAN OFFER THESE VACCINES or you may contact your child's doctor.

- \_\_\_\_\_ 1. We do not have a copy of your child's immunizations.
- \_\_\_\_\_ 2. Your child's immunization record on file is incomplete. The following immunization dates are not on the record we have:

<b>PK &amp; Kindergarten - 12</b>	<b>PK Additional Immunization</b>
_____ DTaP (4)	_____ HIB (3 or 4)
_____ POLIO (3)	_____ PNEUMOCOCCAL (3 or 4)
_____ MMR (2)	<b>11 year old (1)</b>
_____ VARICELLA (2)	_____ Tdap (1)
_____ HEP B (3)	<b>7<sup>th</sup> Grade</b>
_____ HEP A (1 require 2 recommended)	_____ MCV4 (1)

**16 year old**  
\_\_\_\_\_ Meningococcal (1)

- \_\_\_\_\_ 3. **We must receive an authorized copy of your child's immunization record by \_\_\_\_\_ or your child will be suspended from school.**

If you have any questions, please contact your school nurse. Thank you for your cooperation.

\_\_\_\_\_  
School Nurse Phone Number