

*Sample Letter to parents re: Varicella requirements for following year.*

*(School Nurse)*

*[Date]*

Dear Parent/Guardian:

Next school year, students enrolling in 9<sup>th</sup> grade will have a change in immunization requirements . Please be aware that these changes may impact your child.

Your child will be required to have one of the following:

- A note from the student's physician stating that your child has had chickenpox.
- Documentation that your child has had the varicella (chickenpox) vaccine.
- A signed parental/guardian waiver form or letter, that indicates your sincere religious belief or philosophical reason for not immunizing your child.
- A letter from your child's healthcare provide explaining the medical reason for not getting immunized.

The table below provides information on when the chickenpox vaccine will be required.

<u>School Year</u>	<u>Grade</u>
2003/2004	K and 1
2004/2005	K, 1, 2, and 9
2005/2006	K, 1, 2, 3, 6, 9, and 10
2006/2007	K, 1, 2, 3, 4, 6, 7, 9, 10, and 11
2007/2008	K – 12

The goal of the new requirement is to help protect your child and all children attending school against disease. For more information on how these changes affect your child, please contact your school nurse or your healthcare provider.

The physician may require immunization if there is not enough evidence that your child has had chickenpox disease. For children needing vaccination, those 13 years of age or older will require 2 doses of varicella vaccine; those under 13 years will require one dose. Remember to schedule a visit for your school-age child with your healthcare provider to ensure your child's vaccinations are up-to-date. It is important to always provide proof of any and all immunizations to the school that your child has received.

For additional information, contact your child's health care provider or me.

Sincerely,

*[Name]*

*[Title]*

