

CCA SONSHINE

Dear Parent:

Texas Law and Child Care Licensing require immunizations for all students enrolled in school. Prior to enrolling the child, the parent should complete his or her immunizations to meet the school requirements or the family doctor’s recommendations. Signature or rubber stamp validation or personal records by the physician or public health clinic is required.

Please take this letter with any records you have at home to your doctor or clinic. Please return this form to the school nurse.

Student _____ **Teacher** _____

Circle indicates the required IMMUNIZATION RECORD that we do not have at school

DPT/DT #1 _____ #2 _____ #3 _____ **Booster** _____

POLIO #1 _____ #2 _____ #3 _____ **Booster** _____

HIB #1 _____ #2 _____ #3 _____ **Booster** _____

HEP B #1 _____ #2 _____ #3 _____

HEP A #1 _____ #2 _____

MMR #1 _____ #2 _____

PREVNAR #1 _____ #2 _____ #3 _____ **Booster** _____

Varicella (Chicken Pox) _____

TB _____ **Results** _____

Doctor/Clinic

You may have this done at any of the following:

- 1. Your family doctor’s office.
- 2. East End Annex
303 Texas Parkway on FM 2234, Suite 202
Missouri City, Texas 281-342-6414
- 3. Fort Bend County Health Department
4520 Reading Road (Old Wal-Mart)
Rosenberg, Texas 281-342-6414
- 4. Fort Bend Family Health Center
400 Austin
Richmond, Texas 281-342-5176

The deadline for this form to be returned to the school is _____. If you should have any questions, please call Nicole @ 281-980-0842.

Your cooperation is appreciated.