

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[School Name]  
[School Address]  
[City, State, Zip Code]

Dear [School Registrar's Name/School Nurse],  
I am writing to provide proof of my child, [Child's Full Name], receiving the Tdap vaccine, as required for school attendance.

Child's Name: [Child's Full Name]

Date of Birth: [Child's Date of Birth]

Grade: [Child's Current Grade]

Vaccine Administration Date: [Date of Tdap Vaccination]

Provider's Name: [Provider's Name]

Provider's Contact Information: [Provider's Contact Information]

Attached to this letter, you will find a copy of the immunization record as evidence of the vaccination.

Thank you for your attention to this matter. Should you require any further information, please do not hesitate to reach out.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]