[SAMPLE] LETTER TO PARENT OF CHILD WHO NEEDS VACCINES

Child's Name: _____   Date of Birth: _____

Our records show that your child may not be immunized as required by New Hampshire law. See the chart below for vaccines that are required for child care enrollment in New Hampshire. The dose(s) circled are the vaccines your child needs.

Child's current age	Child should have received:
3-4 months	1 dose of DTaP, Polio, and Hib 2 doses of Hep B
5-6 months	2 doses of DTaP, Polio, Hib, and HepB
7-15 months	3 doses of DTaP and Hib 2 doses of Polio and Hep B
16-23 months	3 doses of DTaP, Polio, Hib, and Hep B 1 dose of Varicella and MMR
24 months - **1st day of KG**	4 doses of DTaP and Hib* 3 doses of Polio and HepB 1 dose of Varicella and MMR
Kindergarten	4 doses Hib* 4-5 doses of DTaP** 3-4 doses of Polio** 3 doses of HepB 2 doses of Varicella and MMR

* Some children who start the Hib vaccine series late may need fewer than 4 doses; Hib is not required for children who are over age 5 (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Check one of the boxes below and return to the child care by _____ (date).

☐ My child has an appointment on _____ (date) to receive the necessary vaccines and I will submit an updated immunization record to my child care provider.

☐ My child has already received the vaccine(s) indicated & I have provided/will provide the updated immunization record to my child care provider.

☐ My child has a medical or religious exemption to the vaccine(s) indicated and I have provided/will provide the appropriate documentation to my child care provider.

Note: Your child may be excluded from child care if appropriate and current documentation is not received.

Thank you for helping us to keep children, families, and communities free of vaccine-preventable diseases! If you have questions, please call us or the NH Immunization Program at 603-271-4482.

Sincerely, [CHILD CARE PROVIDER NAME]