**Sample Exclusion Letter for Schools**

**(***To be used for students who were temporarily admitted/retained in school***)**

Month, Date, Year

Dear *\_\_\_(Parent or Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_:*

Students must be vaccinated according to Code of Maryland Regulations to attend school.

A review of *(Child's Name)* vaccination record shows that we do not have record of him/her receiving the following vaccination(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please have your child vaccinated and/or provide proof that your child already has received the vaccination(s).

Because *(Child’s Name)* was temporarily admitted to school if you do not provide proof that your child has received the vaccine(s) listed above, he/she will **NOT** be allowed to attend school after *DATE*.

Please contact me at (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ with any questions.

Sincerely,

*Name of School representative*