

Dear Parent/Guardian:

According to our school records your student is due the following circled immunization:

**DTAP PCV7 HIB Hepatitis B Hepatitis A MMR Polio Varicella Tetanus Tdap
Meningococcal Hib HPV**

Due to Texas State Law, your student may not attend school or school sponsored functions if they are not current on their required immunizations. If a student is not current on required immunization(s) they will be denied attendance to school until required immunizations are obtained. Absence from school for noncompliance of immunization rulings are considered unexcused absences. If a student receives the required immunization from sources outside the school nurse office (doctor's office, health care provider clinic, etc.) a written documentation from the source must be obtained for the student to be in compliance.

The nurses at Smithville ISD are able to administer the vaccination(s) that your student needs only if they are underinsured or have no health insurance. If your student has **private insurance** or **CHIPS** we are now **unable** to give the required immunizations. If you would like the school nurse to administer the above circled immunization to your student to keep them in compliance with the law, please complete the enclosed information packet along with this accompanying page and return to the school nurse office prior to the due date listed below. Students who fail to meet the prescribed deadline will be denied attendance until information is received regarding the required immunization(s).

IN ORDER FOR YOUR STUDENT TO BE IN COMPLIANCE WITH IMMUNIZATION LAW SET FORTH BY THE STATE OF TEXAS EITHER PROOF OF IMMUNIZATION RECEIVED OR SIGNED PAPERWORK ALLOWING PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER NEEDED IMMUNIZATION(S) MUST BE RETURNED TO THE SCHOOL NURSE OFFICE.

Please complete and return if you would like the school nurse to administer the listed immunization in the school nurse office. Your student will bring home a letter confirming the immunization was given by the school nurse for your records.

STUDENT NAME _____ GRADE _____

I understand that my student will be given _____ immunization by the school nurse.

Signature of Parent/Guardian Date

Thank you,
Sophie Weinheimer, RN; Janice Rogers L.V.N.; Becky Duty L.V.N.,
SISD School Nurses