



CONCHO VALLEY COUNCIL OF GOVERNMENTS



CVCOG RURAL HEAD START
325-944-9666

SAISD HEAD START/
EARLY HEAD START
325-947-3703

HEAD START/EARLY HEAD START
IMMUNIZATION NOTICE FORM

Table with 4 columns: Child's Name, Center Name, Room #, D.O.B.

Parent/Guardian: Phone #:

According to our records, you child needs to receive the immunization(s) marked below:

- DTP/DTaP, Polio, MMR #1, MMR #2, HIB, Hep B, Varicella, Prevnar, Hep A #1, Hep A #2

1st Notice Date: Person Completing this form:

Parent/Guardian Comments:

Follow-up Date: Parent Signature: Date:
(15 days from today)

2nd Notice Date: Person Completing this form:

Parent/Guardian Comments:

Exclusion Date: Parent Signature: Date:
(15 days from today)

Non-Compliance

State law requires that your child's immunizations be kept up-to-date. If you have taken your child for immunizations since your last notice, please bring the record to your child's Site Supervisor/ Center Director as soon as possible.

3rd Notice Date: Person Completing this form:

Parent/Guardian Comments:

Your child has been excluded from the Center until shots have been updated and a valid immunization record has been presented or we have a note from the physician stating why your child is not current and when your child expects to be current.

Parent Signature: Date: