Date: Current date here

Dear Parent/Guardian:

The facility has not received proof of your child's immunizations (Certificate of Immunizations or proof that the immunizations are in process) within the 30 days that you were given to obtain it/start the process.

Therefore, I am required by law (G.S. 130A-155) to exclude your child, Child's name here from name of child care center here child care and not allow your child to attend the facility again until the immunization requirement is met, and proof in the form of a Certificate of Immunizations (shot record) is presented.

Your child may get immunizations from a private physician or from your local health department: Name of Local Health Department

North Carolina law provides for only two types of exemptions from required immunizations. These are medical and religious, as detailed below. If your child has a medical or religious exemption to this vaccine(s), you are required to provide documentation of this exemption(s).

- **N.C. G.S.130A-156 Medical Exemption** – applies when it is certified that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission for Public Health. Under this exemption, the person is not required to receive the specified immunization under G.S. 130A-152, as long as the contraindication persists. The child may attend school or a child care facility with a copy of the Medical Exemption Statement Form (DHHS-3987).
- **N.C. G.S.130A-157 Religious Exemption** – applies when the bona fide religious belief of the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in North Carolina law, the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the child may attend school without presenting a certificate of immunization.

If you have questions, or would like to discuss this matter, please contact me at Phone Number or Email Address . You may also contact the Name of Local Health Department directly at LHD Phone Number to schedule an appointment.

Thank you for your cooperation in responding to this important matter.

Sincerely,

Your name here

Your job title here