



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

DATE: _____

STUDENT: _____

Dear _____:
(Parent/Guardian)

Your child is excluded from attending school because of an outbreak of _____.

All students who are not protected with the proper immunizations must be out of school until ____ days after the last reported case of the disease.

This exclusion is based upon:

- ___ Exemption based on medical/personal beliefs
- ___ Lack of up-to-date records

Your child may return to school on _____. You will be notified if an extension will be necessary.

Please contact your school nurse with questions at 397-_____.

Sincerely,

Principal

School Nurse

SECTION 6