

Medical Record Transfer Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request the transfer of my medical records for my child, [Child's Full Name], who has been enrolled at [Previous School Name] and is seeking admission to [New School Name].

Please include all relevant medical information, including vaccinations, allergies, and any pertinent health conditions. This information is vital for ensuring the ongoing health and support for my child within the new school environment.

Below are my details for your reference:

- Parent/Guardian Name: [Your Name]
- Contact Number: [Your Phone Number]
- Email Address: [Your Email]
- Child's DOB: [Child's Date of Birth]
- Previous School Address: [Previous School Address]

Please send the medical records to the following address:

[New School Name]

[New School Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]