

# Vaccination Schedule Notification

Date: **[Insert Date]**

Dear [Parent/Guardian's Name],

We hope this message finds you well. We are writing to inform you of the upcoming vaccination schedule for your child, [Child's Name], who is due for vaccinations as part of our pediatric care program.

## Vaccination Schedule

- **Vaccine:** [Vaccine Name 1] - **Date:** [Date 1] - **Time:** [Time 1]
- **Vaccine:** [Vaccine Name 2] - **Date:** [Date 2] - **Time:** [Time 2]
- **Vaccine:** [Vaccine Name 3] - **Date:** [Date 3] - **Time:** [Time 3]

Please ensure that you bring your child's vaccination record for our reference. If you have any questions or need to reschedule, do not hesitate to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your attention to this important matter and for helping us keep your child healthy!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]

[Clinic Email Address]