

Acknowledgment of Health Records Update

Date: [Insert Date]

To: [Parent/Guardian's Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Parent/Guardian's Name],

We are writing to acknowledge the receipt of your recent submission of updated health records for your child, [Student's Name], a student at [School's Name].

Your cooperation in providing accurate and up-to-date health information is essential for the well-being and safety of our students.

If further information or documentation is needed, we will contact you. For any questions, please feel free to reach out to our office at [School's Contact Number].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[School's Name]

[School's Contact Information]