

Vaccination Appointment Confirmation

Dear [Family Name],

We are pleased to confirm your child's vaccination appointment.

Child's Name: [Child's Full Name]

Date of Appointment: [Date]

Time: [Time]

Location: [Clinic Address]

Please remember to bring your child's vaccination record and arrive 10 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email].

Thank you for trusting us with your child's health!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]