

# Medical Records Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to request a copy of the medical records for my child, [Child's Full Name], who was born on [Child's Date of Birth]. We are in the process of enrolling [him/her] at [School's Name], and the school requires updated medical records for admission.

Please provide the following records:

- Immunization records
- Physical examination results
- Any relevant medical history

You can send the records directly to the school at:

[School's Name]

[School's Address]

[City, State, Zip Code]

If you require any additional information or forms to process this request, please let me know. Thank you for your cooperation.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]