

BENAVIDES INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Dear Parents,

The regulations established by the Texas Department of State Health Services require that students have 2 doses of the varicella (chickenpox) vaccine or provide proof of having the disease. If your child has had the varicella disease (chickenpox), please complete the lower portion of this letter and fax to (361) 256-4728, or mail it to J. Barrera, RNCCE, P.O. Drawer P, Benavides, Texas 78341 or just return it to the school. Failure to provide the requested information may result in your child being denied entrance into school.

If you have any question, please call me at (361) 256-1020.

Thank you,

Judith Guerra-Barrera, RNCCE

School Nurse

(Complete and return this portion if your child has had the varicella disease (chickenpox).

This is to verify that _____, born on _____ had the varicella disease (chickenpox) on or about

_____ and does not need the varicella (chickenpox) vaccine.

Signature _____ Date _____

Relationship to the student _____