



# SCOTTS VALLEY UNIFIED SCHOOL DISTRICT

4444 Scotts Valley Drive, Suite 5B

Scotts Valley, CA 95066-4529

(831) 438-1820 • FAX: (831)438-2314 • [svusd@santacruz.k12.ca.us](mailto:svusd@santacruz.k12.ca.us)

SUPERINTENDENT  
(831) 438-1820

EDUCATIONAL SERVICES  
(831) 438-2055

BUSINESS SERVICES  
(831) 438-2312

PERSONNEL  
(831) 438-1822

August 15, 2011

Dear Parents/Guardians,

New California State law, Bill 354, requires that all students entering 7<sup>th</sup> through 12<sup>th</sup> grades submit proof of a Tdap (Tetanus, diphtheria, acellular pertussis) within the first thirty days of the 2011-2012 school year. The CDPH currently recommends that all children receive a dose of Tdap vaccine at age 10 years or older. Tdap vaccine given on or after the 7<sup>th</sup> birthday meets the new school requirement. This is in response to the whooping cough (pertussis) epidemic. Whooping cough is a serious illness and has resulted in 9 infant deaths in California in the last year.

**Please return the form below documenting the immunization on or before October 5, 2011. Your child will be excluded from school if he/she has not submitted proof of a Tdap booster or a signed waiver by this date** (*Board Policy 5141.31, California Health and Safety Code 120335 and Ed Code 48980*).

Immunizations are available at your doctor's office or at the following clinics:

SANTA CRUZ HEALTH SERVICE AGENCY CLINICS

Santa Cruz Clinic: 1060 Emeline Street, Santa Cruz- (831)454-4100

Watsonville Clinic: 9 Crestview Drive, Watsonville- (831)763-8400

SALUD PARA LA GENTE CLINICS: Main number- (831)728-0222

Thank you for your cooperation.

Penny Weaver  
Superintendent

\*\*\*\*\*

**REQUIRED IMMUNIZATION: Tdap booster ON OR AFTER 7<sup>TH</sup> BIRTHDAY**

(You must provide proof of the immunization to your child's school even if you have submitted the immunization date in online registration.)

Student Name \_\_\_\_\_ Current School \_\_\_\_\_

Birth date \_\_\_\_\_ School in Fall 2011 \_\_\_\_\_

**Medical Provider: please provide documentation and date of Tdap booster below:**

Date Tdap given \_\_\_\_\_ Doctor or Clinic \_\_\_\_\_

Entered in CAIR yes / no \_\_\_\_\_ Signature/Stamp \_\_\_\_\_