

SAMPLE

[Date]

[Name of Health Care Professional]

Address

City, State, Zip Code]

Dear [Name of Health Care Professional]:

It is with deepest regret that I am writing this letter today. [First and last name of infant], an infant under your care, died on [date of death]. The preliminary diagnosis is Sudden Infant Death Syndrome (SIDS). Our program will contact the family, [Name of parents] to provide bereavement support services during this most difficult and tragic time.

The SIDS Program is a state mandated program in California. [Name of Local Health Jurisdiction] is responsible for the provision of services as defined in the legislation. In-home bereavement support services, case management, referral, and follow up are provided by public health nurses to parents and caregivers who have had an infant die of SIDS. Information about SIDS and other grief related materials are also offered as part of these services.

If I can assist in any way, or if there is any additional information that I can provide to you and/or your staff about SIDS, please contact me at [phone number].

Again, please accept my sincere condolences in the loss of your patient, [First and last name of infant]. Please be assured that the family will be offered grief support services.

Sincerely,

[Name of Public Health Nurse, Title
Name of Local Health Jurisdiction]