

## Consent for Disclosure of Immunization Information to Local and State Health Departments

State and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments assist in this endeavor.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department.

At any time, you may withdraw your consent to share this information in writing.

## Release of Immunization Information

With the start of each school year, schools are required to obtain permission from a parent to make immunization information available for viewing by the state and local Health Departments. All districts are required to report immunization status.

I give permission for state and local Health Departments to view my child's immunization record in the state health care registry. This includes any immunization information from the school.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

YES

NO

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guardian Name



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