



POTTERVILLE PUBLIC SCHOOLS

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

Immunizations are an important part of keeping our children healthy. Schools and 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. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunizations and personally identifiable information including the students names, date of birth, gender, and address with Local and State Health Departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C § 1232g, required written parental consent before personally identifiable information from your child's education records is disclosed to the Health Department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures or information from his or her educational records.

You may withdraw your consent to share this information in writing at any time.

I authorize Potterville Public Schools to release my child's immunization record to the Michigan Department of Health and Human Service and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization service and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian or Eligible Student: _____

Date: ____/____/____

Printed Parent/Guardian Name: _____