

# SCHOOL CONSENT TO SHARE IMMUNIZATION DATA

## JACKSON COUNTY PUBLIC HEALTH SERVICE

**Child's Name ( Last, First, Middle )**

<b>Date of Birth (mm/dd/yyyy)</b>	<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Ethnicity (Check One)</b> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
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<b>Race (Check One)</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other	<b>Mother's Maiden Name ( Last, First )</b>
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**Check all that apply**

<input type="checkbox"/> MA-GAMC-MnCare	<input type="checkbox"/> No Insurance	<input type="checkbox"/> American Indian/Alaskan Native Health Plan
<input type="checkbox"/> Insured, No Vaccine Coverage	<input type="checkbox"/> Insured, Vaccines Covered	<input type="checkbox"/> Eligibility Not Determined/Unknown

<b>Name of Parent or Guardian Responsible for Student ( Last, First )</b>	<b>Relationship to Student</b>
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<b>Address</b>	<b>PO Box</b>
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<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name of School</b>	<b>Home Telephone Number</b>
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Minnesota law allows for the sharing of immunization information between schools, health care providers, and public health agencies. One way we do this is by each of these entities contributing the immunization records we have to one computer system that is available only to us, called the Minnesota Immunization Information Connection. This system is operated by the Minnesota Department of Health and contains only basic name and address information plus vaccines names and dates. It is used solely to prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Min. Stat. 144.3351) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. It may, however, mean more work for you, your child's clinic, and/or school staff to determine your child's immunization status as part of Minnesota's School Immunization Law.

*I authorize the School District to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain in the future.*

**I do authorize**

**I do not authorize**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_