

Allendale Christian School

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

Immunizations are an important part of keeping our children healthy. Schools, 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 immunization and personally identifiable information including the student's name, 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, requires 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 of information from his or her education records.

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

Please Print Student's Name: _____

Date of Birth: ___/___/___

Please select one of the options below.

Yes, I authorize Allendale Christian School to release my child's immunization record to the Michigan Department of Health and Human Services and the Ottawa County Department of Public Health. This includes any immunization information and limited personally identifiable information (listed above) from the school. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

No, I do not want my child's immunization record released to the Michigan Department of Health and Human Services or to the Ottawa County Department of Public Health.

Date _____

Parent Signature _____

Printed Name _____