Dear Parent/Guardian,

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.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before your child's immunization record, date of birth, gender, and address 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 change your consent to share information in writing at any time.

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

Please Print
Student's Name: _____ Date of Birth: ___/___/____

Please select one of the options below.

☐ ***Yes**, I authorize _____ Allendale Public Schools _____ 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.*

☐ ***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.*

Please Print
Parent/Guardian Name: _____

Signature of
Parent/Guardian _____ Date: ___/___/____