

Consent for Disclosure of Personally Identifiable Information and 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 disease 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.

6 KDULQJ LPPXQLJDWLRQ DQG SHUVRQDOO\ LGHQWLILDEOH LQ date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable disease. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally LGHQWLILDEOH LQIRUPDWLRQ DQG LPPXQLJDWLRQ LQIRUPDW GLVFORVHG WR WKH KHDOWK GHSDUWPHQW ,I \RX FKLOG LV VWXGHQW DQG PXVW SURYLGH FRQVHQRULRULHQWV WR RVRXUHV records.

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

I authorize ANDREWS ACADEMY WR UHOHDVH P\ FKLOG V LPPXQLJDWLRQ identifiable information to the Michigan Department of Health and Human Services and Local Health Department. 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.

Printed Name

Date of Birth

Signature of Parent/Guardian or Eligible Student

Date

Printed Parent/Guardian Name