

## Possible School Consent Language for Sharing Immunization Data with Registries

### Sample 1:

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 help prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Minn. 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 <school name> 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 during the 2003-2004 school year.*

- ☐ I do authorize
- ☐ I do not authorize

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Possible School Consent Language for Registries

### Sample #2.

Our school is part of an immunization record service that includes immunization data from area doctors' offices and health care providers. This service makes it much easier for us to get copies of your child's immunization record, a requirement for school entry under Minnesota law. We also share copies of the immunization data with the doctor's office. This information is used solely to help protect your child and prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (M.S. §144.3351) to receive it, such as doctors, nurses, public health entities, schools, and the Women Infants and Children's (WIC) program. In addition, the information can **only** be used for immunization record keeping.

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 the School Immunization Law.

*I authorize <school name> 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 plus any it may obtain during the 2003-2004 school year.*

- ☐ I do authorize
- ☐ I do not authorize

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Possible School Consent Language for Registries

### Sample #3

*I authorize <school name> 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 plus any it may obtain during the 2003-2004 school year.*

☐ I do authorize

☐ I do not authorize

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_