

## Parental Consent Form for Sharing Immunization Record with Tennessee Immunization Information System

Tennessee and Federal law allow for the sharing of immunization records between schools, health care providers, and public health agencies if parental consent is provided to the school. One way this is done is by each of these entities contributing the immunization records they have to one computer system that is available only to schools, health care providers, and public health agencies called the Tennessee Immunization Information System (TennIIS). This immunization record service system is operated by the Tennessee Department of Health and contains only basic name and address information, plus immunization records, including vaccines names and dates, from area doctors' offices and other health care providers.

Our school district uses this immunization record service. This service makes it much easier for us to get copies of your child's immunization record, a requirement for school entry under Tennessee law. We also share records of immunization not already in the system with this service so you or your child's healthcare providers can access complete immunization information in the future. Additionally, your child's immunization information will be accessible to you through your healthcare provider and to colleges and universities to satisfy their immunization enrollment requirements. This information is used solely to help protect your child and prevent disease by documenting and improving immunizations in our community. The information can only be shared with those entities authorized by Tennessee law (Tenn. Code Ann. § 63-2-101) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. Should you be unable to locate copies of immunization records when needed in the future, however, it may mean a long record search or repeat immunizations for your child, which would involve more work for you, your child's clinic, and/or school staff to verify your child's immunization status as part of Tennessee's School Immunization Law.

*I authorize \_\_\_\_\_ 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 while the student attends this school.*

- I do authorize
- I do not authorize

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

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