



Shepherd Public Schools

Consent for Disclosure of Immunization Information to Local and State Health Departments (Kindergarten, 7th grade, and new enrollees)

Immunizations are an important part of keeping our children healthy. Schools and 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 complete the form below, sign and date, and return to school with your child in Kindergarten, 7th grade, or if you are enrolling in our district for the first time. Please call our office if you have questions or need assistance with this form.

Student's Name: _____ Date of Birth: ____/____/____

YES. I authorize Shepherd Public Schools to update or add my child's information on MICR (Michigan Care Improvement Registry). This includes any immunization information and limited personally identifiable information from the school as outlined above. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law.

NO. I do not authorize Shepherd Public Schools to update or add my child's information on MICR (Michigan Care Improvement Registry). I understand that I will be responsible to communicate any change of information to the Michigan Department of Health and Human Services and Local Health Department by the deadlines that are designated to schools by the Michigan Department of Health and Human Services.

Signature of Parent/Guardian
or Eligible Student: _____

Printed Parent/Guardian Name: _____ Date _____