

FERPA Agreement
(PERMISSION TO SHARE IMMUNIZATION INFORMATION)

Student Name _____ Gender: _____

USIIS School Id _____ (office use only) Student DOB ____/____/_____

School: Bear River Charter School Grade for 2018-2019 _____

Utah 53-11-301 requires documentation of immunization for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parent/guardian, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunizations history with USIIS will aid your child's health care provider, and the school to be determined with immunizations your child has received and which may still be needed.

Many students' information may already be in the USIIS system. It may have been recorded by the health care professional that administered the immunizations. This form only allows us to input additional immunizations in the system so that we have a method of tracking your child's immunizations.

_____ I **give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

_____ I **do not give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

____/____/_____
Date

