

# WEST CATHOLIC HIGH SCHOOL

## 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.

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 and immunization information from your child's education records is disclosed to the health department. If your child is 18 or older he/she is an "eligible student" and must provide consent for disclosure of information from his or her education records.

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

I authorize West Catholic High School to release my child's immunization record and personally 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.

Student's name (Print): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
Or Eligible student (18yrs/Older)

Print Parent/Guardian: \_\_\_\_\_  
Or Eligible student (18yrs/Older)

Date: \_\_\_\_\_