



**Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments**

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.

**Schools are required to report immunization information to local and state health departments, but it is a violation of federal law to do so without written parent consent unless your child is 18 or over. By signing the consent form below you will help Niles Community Schools comply with the required reporting.**

You may withdraw your consent to share this information in writing at any time. Please return this form to your child's school tomorrow.

~~~~~

*I authorize Niles Community Schools 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.*

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_