WISCONSIN
RAPIDS
PUBLIC
SCHOOLS

CONSENT TO RELEASE IMMUNIZATION INFORMATION

Wisconsin Rapids Public Schools (WRPS) currently utilizes two secure electronic immunization records programs to obtain and maintain immunization records. The *Wisconsin Immunization Registry* (WIR) is maintained by the Immunization Program of the Wisconsin Department of Health Services. The *Registry for Effectively Communicating Immunization Needs* (RECIN) is maintained by Marshfield Clinic. Your health care provider can access information from one of these systems to determine which, if any, immunizations are due.

Some children have immunization information from parents or previous schools that is not entered into either system. Wisconsin law (Wisconsin Administrative Code DHS 144.03(10)) requires vaccine providers to disclose immunization information to schools and day care providers without written or verbal parent permission. However, the federal *Family Education Rights Privacy Act* (FERPA) states that information on individual students cannot be released by the school district without parental consent.

With your written consent, we may enter immunization information into RECIN and/or WIR, so complete immunization records will be accessible to your child's health care provider(s), and any Wisconsin school of future enrollment.

The specific information about your child that will be given to WIR and/or RECIN includes:

1. Full Name (First, Last, Middle, Suffix)
2. Date of Birth
3. Gender
4. Student Identification number
5. Address and phone number
6. Dates for specific immunizations including, but not limited to, diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B and varicella
7. Varicella (chicken pox) disease history

Your decision will not affect any school services. It may make it less convenient for you, or future schools, to show your child's immunizations are up-to-date.

PLEASE CHECK "YES" OR "NO" BELOW:

❑ **YES**, I give consent for WRPS to share my child's immunization record with the *Wisconsin Immunization Registry* and/or the *Registry for Effectively Communicating Immunization Need.*

❑ **NO**, I do NOT give WRPS consent to share my child's immunization record with the *Wisconsin Immunization Registry* and/or the *Registry for Effectively Communicating Immunization Needs*

My consent allows the Wisconsin Rapids Public School District to release immunization information as listed above to the *Wisconsin Immunization Registry (WIR*) and/or the *Registry for Effectively Communicating Immunization Needs*. I understand that I may revoke this consent at any time by sending written notification to Wisconsin Rapids Public Schools, Attention: Health Services, 510 Peach Street, Wisconsin Rapids, WI 54494. Following the date of revocation, the school district will provide no new records to the WIR/RECIN, nor update or modify any of my child's data in either database.

Student's Name	Date of Birth
School	Grade
Parent Signature	Date

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