

IMMUNIZATION RELEASE



Permission to Release Information to KS Immunization Registry

The Kansas Immunization Registry (KSWebIZ) is a confidential computer system that collects and selectively discloses information to authorized persons about the vaccination history of persons in the State of Kansas.

The purpose of the Kansas Immunization Registry is to consolidate immunization information among health care professionals, assure adequate immunization levels, and to avoid unnecessary immunizations. Access is limited to individuals and entities that either provide immunization services or are required to ensure that persons are immunized. The privacy of participants and the confidentiality of information contained in the registry are protected at all times by all authorized users.

Participation in the program is completely voluntary and no other health or educational records will be shared other than school immunization records. If you would like your child's immunization history to be entered into this system please sign below and return to the school nurse.

Student's Name _____

School _____ Grade _____

I affirm that I am authorized to consent to release of medical information on behalf of the Student. I understand that this authorization will expire when the Student is no longer enrolled in USD 453 and that I may revoke this authorization in writing at any time.

Parent's Signature _____ Date _____