KAUKAUNA AREA SCHOOL DISTRICT
1701 County Road CE • Kaukauna, WI 54130 • (920) 766-6100

I hereby give the Kaukauna Area School District Nursing Services Staff my permission to release my child's immunization records to the Outagamie County District Attorney's office. My child's immunization records will be shared with the District Attorney if he/she is not up to date according to the State of Wisconsin Statute 252.04. I understand that this permission is effective for the duration of my child's enrollment in the Kaukauna Area School District unless I specify otherwise.

Student Name _____ Date of Birth _____

Parent Signature _____ Date _____