

UTAH DEPARTMENT OF HEALTH
UTAH IMMUNIZATION PROGRAM &
UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM

PERMISSION TO SHARE IMMUNIZATION INFORMATION

Student Name _____

Teacher _____ Grade _____ Date of Birth _____

School _____ School District _____
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

_____ I **give** my permission for the school to share my child's/legal dependent's immunization information with USIIS.

_____ I **do not give** permission for the school to share my child's/legal dependent's immunization information with USIIS.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

