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 Dis	trict	if applicable)
Utah 53A-11-301 requires documentation attendance.	n of immuniz	ations for school	
The Utah Department of Health maintain to assist parents/guardians, health care property our child's immunizations. This record summunization Information System (USIIS) your child's immunization history with USI provider, and the school to determine whereceived and which may still be needed.	oroviders, an system is cal s). Allowing y silS will aid y	d schools in doc led the Utah Stat your child's schoo ou, your child's h	umenting tewide of to share ealth care
I give my permission for the school immunization information with US		ıy child's/legal de	pendent's
I do not give permission for the s dependent's immunization information w		re my child's/lega	al
Print Name of Parent or Guardian			
Signature of Parent or Guardian		Date	