AUTHORIZATION FOR IMMUNIZATION SHARING

Dear Parent/Guardian:

Montana has an online registry for immunizations called "imMTrax". The purpose is to have a secure location for immunizations that health care providers can use and share so that accurate records are kept and appropriate immunizations are given and not needlessly repeated.

MISSOULA COUNTY PUBLIC SCHOOLS

Forward Thinking, High Achieving.

Your child's immunizations may already be on this registry if your child received immunizations from a health care provider that used this registry with your permission. When/ if you gave your permission, you may or may not have given (or been asked to give) your permission for other health care providers, health departments or schools to view the immunization record.

1. By signing the first permission below, you are authorizing anyone who has access to imMTrax, including school health staff, to see immunizations that have been recorded for your child by a participating health care provider. THE SCHOOL STILL REQUIRES PARENTS TO PROVIDE A COPY OF IMMUNIZATION RECORDS but signing will help if those records are incomplete.

2. By signing the second section, you are allowing Missoula County Public Schools (MCPS) to give the immunization records you gave MCPS to the Missoula City –County Health Department in order for them to update imMTrax records.

imMTrax Montana Immunization Information System

imMTrax Consent Form for Children

⇨ **Child's Name: _____**

⇨ **Sex: M__ F__ Date of Birth: _____**

_____
Mother's MAIDEN Name

_____
Mother's First Name

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information Registry (IIS). The IIS is a confidential, computer registry that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

⇨ **Parent/Guardian Signature: _____Date: _____**

DPHHS Revised (10/2012)

Missoula County Public Schools
Authorization for Release of Information

_____	_____	_____	_____
Student Last Name	**First Name**	**Middle Initial**	**Date of Birth**

I authorize Missoula County Public Schools to release only immunization records of my child listed above to the local public health department Missoula City-County Health Department by mail or fax for the purpose of updating their records and/or updating imMTrax records. I may revoke this permission at any time provided I do so in writing and submit to MCPS up to the extent that the disclosure has not already been made. Records that are disclosed to the health department are no longer protected under federal law (FERPA).

_____	_____	_____
Parent/Guardian Signature	**Date**	**Expiration Date (12 months unless otherwise noted)**