

imMTrax Consent Form for Children

Child's Name: So	CX. IVI	- Г	Date of Birth:
I authorize my health care provider and a public health agency to into the Department of Public Health and Human Services' Immu confidential, computer system that contains immunization records be released to a public health agency as well as my health care protreatment. In addition, information may be released to child care for to comply with state immunization requirements. I understand that record removed at any time by contacting my local health departments.	nizations. I unde oviders tacilities t I can r	Informarstand the assist and sch	ation System (IIS). The IIS is a nat information in the registry may in my child's medical care and ools in which my child is enrolled
Parent/Guardian Signature:			
Date:			
Revised (10/2012)			
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