

# VISD FERPA Consent for Vaccine Record



Student's Full Legal Name:

Alias' that may appear on student or medical records:

Date of Birth:

Parent/Guardian Name:

Parent/Guardian Phone Number:

## **Consent to Share Vaccine Records with Washington Department of Health Immunization Information System (aka WAIS or School Module)**

Vashon Island School District will no longer be managing students' vaccine records in Skyward. For greater accuracy and convenience to school and families, we will be using School Module. These same records are available free to families by accessing through [myirmobile.com](http://myirmobile.com)

I give permission to Vashon Island School District to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Yes, I give permission.

No, I do not want VISD to update immunization records in WAIS and I acknowledge that not giving my permission could lead to inaccurate records & reports concerning my child, including outbreak notices.

Parent/Guardian Signature: