



NILES

COMMUNITY SCHOOLS

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nilesschools.org

IMMUNIZATION CONSENT AND RETRIEVAL FORM

Consent for Disclosure of Personally Identifiable Information and Immunization Information to and from Local and State Health Departments.

Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

IMMUNIZATION CONSENT: Schools are required to report immunization information to local and state health departments, but it is a violation of federal law to do so without written parent consent unless your child is 18 or over. By signing the consent form below you will help Niles Community Schools comply with the required reporting.

RETRIEVAL CONSENT: Michigan Health Departments report immunization information of all individuals in the Michigan Care Improvement Registry (MCIR). In the event that Niles Community Schools would need to retrieve your child’s immunization information from this registry we are requesting your permission to retrieve that immunization information from MCIR’s, but it is a violation of federal law to do so without written parent consent unless your child is 18 or over. By signing the consent form below you will help Niles Community Schools obtain this information.

You may withdraw your consent to share or retrieve this information in writing at any time. Please return this form to your child’s school tomorrow.

I authorize Niles Community Schools to share my child’s immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I further authorize Niles Community Schools to retrieve my child’s immunization information from the Michigan Care Improvement Registry, if needed. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student’s Name: _____ Date of Birth: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

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