

## Sandusky City Schools Sandusky, Ohio • 419-626-6940

## **Authorization to Disclose Immunization Information**

		Date of E	Birth
,	, as the parent of	or guardian of the above named of	child, hereby authorize (Name of
Provider[s]):			
o disclose the specific and individual	y identifiable immuniza	ation records of the above named	child to (Name of School):
for the specific purpose of presenting as been immunized by a method of in Revised Code.			
This authorization will expire upon the Revised Code or for the period of time any time and that I may be asked to Provider(s) or School in accordance to	needed to fulfill its purposign the Revocation Sec	ose. I also understand that I may retion. I further understand that a	evoke this authorization, in writing, a ny action taken by the above named
understand that my information ma provided for by state or federal law. Pramily Educational Rights and Privacy	ease note: medical recor		
also understand that I may refuse to sayment for services, or my eligibility company) for the sole purpose of creati	for benefits; however,	if a service is requested by a no	n-treatment provider (e.g., insurance
saa baan immuunizad. I fuutban und	matand that if the achou	al connet warify and I connet ny	avida actiafo atomy vynittan avidana
hat above named child has been im Revise Code.	munized, the child may	be excluded from school pursu	
hat above named child has been im Revise Code. further understand that I may req	munized, the child may	be excluded from school pursuned authorization.	ant to section 3313.671 of the Ohio
has been immunized. I further under hat above named child has been improved that Code.  I further understand that I may require a signature of Personal Representative	nunized, the child may uest a copy of this sign	be excluded from school pursuned authorization.	ant to section 3313.671 of the Ohio
hat above named child has been ime Revise Code.  further understand that I may requ	nunized, the child may uest a copy of this sign  Date  REVOCAT  EVOKING AUTH	ned authorization.  Relationship/Authorit  TION SECTION  HORIZATION.	ant to section 3313.671 of the Ohio
hat above named child has been imprevise Code.  further understand that I may require a previous figurature of Personal Representative  DO NOT SIGN UNLESS R  I do hereby request that this auth	nunized, the child may  uest a copy of this sign  Date  REVOCAT  EVOKING AUTH  orization to disclose he	the excluded from school pursumed authorization.  Relationship/Authorite  SION SECTION  HORIZATION.  ealth information of	y  Name of Child
hat above named child has been imprevise Code.  If further understand that I may require a presentative  DO NOT SIGN UNLESS R I do hereby request that this authorized by  Enter name of personal be rescinded, effective	nunized, the child may  uest a copy of this sign  Date  REVOCAT  EVOKING AUTH  Orization to disclose herepresentative who signed author	the excluded from school pursumed authorization.  Relationship/Authorite  SION SECTION  HORIZATION.  ealth information of	y
hat above named child has been imprevise Code.  further understand that I may require a personal Representative  DO NOT SIGN UNLESS R I do hereby request that this authorized by  Enter name of personal	nunized, the child may  lest a copy of this sign  Date  REVOCAT  EVOKING AUTH  Orization to disclose herepresentative who signed author  n by the named Providence of the company of this sign.	r be excluded from school pursured authorization.  Relationship/Authorite  SION SECTION  HORIZATION.  To ealth information of  on  rization	Name of Child  Enter Date of Signature
hat above named child has been imprevise Code.  further understand that I may require a personal Representative  DO NOT SIGN UNLESS R I do hereby request that this authorized by  Enter name of personal be rescinded, effective  Date I understand that any action taken	nunized, the child may  lest a copy of this sign  Date  REVOCAT  EVOKING AUTH  Orization to disclose herepresentative who signed author  n by the named Providence of the company of this sign.	r be excluded from school pursured authorization.  Relationship/Authorite  SION SECTION  HORIZATION.  To ealth information of  on  rization	Name of Child  Enter Date of Signature