

**Childhood Immunization and School Physical Record Authorization**

Under current law, the Health Insurance Portability and Accountability Act (HIPAA) was enacted. HIPAA is designated to protect individually identifiable health information such as immunizations and school physical records. Individually identifiable health information means any health information, including demographics information, whether oral or recorded in any form or medium, collected from an individual that is created or received by a healthcare provider such as those listed below. Under HIPAA, healthcare providers are required to obtain parental authorization to share individually identifiable health information with school districts.

Therefore, we are requesting your permission to release *only your child's immunization and/or school physical records* from the following:

**Please check the location of your child's immunization records.**

- Kane County Health Department, 1330 N. Highland, Aurora, IL 60506
- Kendall County Health Department, 811 W. John Street, Yorkville, IL 60560
- Physician (Name and Address)

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- Other (Please Specify)

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I/we, \_\_\_\_\_, hereby authorize the release of *immunization and/or school*  
(Name of Parent/Guardian)

*physical records* of my child \_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Student's Name) (Birthdate)

from the above organization to Yorkville Community Unit School District 115.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Parent/Guardian

\_\_\_\_\_  
 Address

If you have any questions regarding the above information, please feel free to contact the school nurse.