



Immunization Consent Form

West Virginia law requires parents to show proof that their children have received certain vaccinations before being admitted to school. WV Code §16-3-4 plus two legislative rules give clear guidance on which vaccinations and how many doses are required for school entry. Those rules are: Reportable Diseases, Events and Conditions, 64CSR7, and Immunization Requirements and Recommendations for New School Enterers, 64CSR95.

The West Virginia Bureau for Public Health began a program in 1999 to help parents keep track of their children’s shots. This program is called **WVSIIS** (*West Virginia Statewide Immunization Information System*). Some children’s shot records have been reported by doctors and entered into the **WVSIIS** database. However, not all records have been reported, particularly for children born before 2003.

Maintaining your child’s shot records in **WVSIIS** helps schools, doctors and families. It makes important historic information available to parents and doctors as to which shots your child has had, and which ones are needed. Keeping your child’s records in **WVSIIS** minimizes that chance that your child will ever have to repeat any immunizations when proof of immunization may be required for college admission, certain occupations, or during a disease outbreak.

Providing immunizations for all school children helps to keep your child, your community and our schools free from preventable diseases. The **WVSIIS** program plays a crucial role by providing for the safe, accurate and confidential maintenance of your child’s immunization records.

Please indicate below that you consent to have your child’s or children’s school immunization records kept in the **WVSIIS** by checking the box below and signing this form.

Thank you

Yes, I give permission for the school to share my child’s shot records with **WVSIIS**.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name and Address of Parent or Legal Guardian

- | | |
|-----------------------|---------------------|
| 1. Child’s Name _____ | Date of Birth _____ |
| 2. Child’s Name _____ | Date of Birth _____ |
| 3. Child’s Name _____ | Date of Birth _____ |
| 4. Child’s Name _____ | Date of Birth _____ |

*****If consent is being given for more than four children, please use additional sheet.******