

Immunization Records Release 2020-2021

_____ I will authorize the Platte Canyon RE-1 School District to release a copy of my child's immunization record to Boys & Girls Clubs of the High Rockies (sign the release below)

_____ I will authorize the Platte Canyon RE-1 School District to release a copy of my child's immunization exemption form to Boys & Girls Clubs of the High Rockies (sign the release below)

_____ I am providing a copy of my child's immunization record directly to Boys & Girls Clubs of the High Rockies

_____ My child is exempt from receiving immunizations (either medical or non-medical exemptions), and I am providing a copy of the exemption form directly to Boys & Girls Clubs of the High Rockies

I hereby give permission to the Platte Canyon RE-1 School District to release a copy of my child's, _____ immunization record / immunization exemption form (circle one). This information will be stored securely at Boys & Girls Club of the High Rockies.

Parent/Guardian Signatures:

_____ Date: _____