



# Idaho's Immunization Reminder Information System

## Consent Form

Signing the statement below will permit the health care provider who immunizes me or my child to submit information about those immunizations and me or my child to the voluntary Idaho Immunization Reminder Information System (IRIS). This information will be limited to identifying information (such as name and date of birth), immunization information (such as dates and types of immunizations), and location information (such as my correct address). To make sure the correct immunizations are provided, my immunization records — or my child's — may be made available to health care providers, child care providers or schools.

My consent permits my child's or my own **enrollment** in the statewide immunization registry. I may be asked for information that will help ensure records are accurate and will not be confused with another person's, such as:

*Mother's maiden name;  
Gender;  
Parent's (guardian's) telephone number; or  
Other data to determine my child's eligibility  
for free vaccine.*

My consent also will allow for the **transfer** of my or my child's previous immunization records into the statewide registry.

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, telephone number, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into **IRIS**.

_____ <b>Child's Name or My Name</b>		_____ <b>Date of Birth</b>
_____ <b>Signature</b>	_____ <b>Relationship to Child</b> (if applicable)	_____ <b>Date</b>