



## **School Permission Slip**

*For completion of immunization records*

Nevada has a computer system that medical practices use to help keep track of their patient's immunizations. This system is called NV WebIZ. They use this system to record vaccines given to patients and to access information about their patients' immunization histories, including vaccines given at other medical offices. NV WebIZ makes it easy to keep track of a patient's immunization status, even if the patient visits more than one medical practice. It also helps ensure doctors and nurses give the right vaccines at the right time, and allows them to remind their patients when vaccines are due or overdue.

The information in NV WebIZ is CONFIDENTIAL- only authorized users may access the system. Authorized users include health departments, medical practices, schools, childcare facilities, WIC Programs, and health care plans.

Some records in NV WebIZ may be incomplete or missing because an immunization was given in another state, or because the medical practice did not enter it into the system. Your child's school wishes to help improve our community's records by providing missing immunization information to NV WebIZ, but requires your permission to do so, in accordance with the Family Educational Rights and Privacy Act ([FERPA](#)).

***By signing below, you can make your child's immunization history more complete, helping to ensure appropriate and timely future immunization.***

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Please sign this form if you **agree** to grant permission for your child's school to provide your child's immunization history to NV WebIZ. This may include creating a new record, or updating an existing record. Please use a separate form for each additional child.

My Name: \_\_\_\_\_

My Child's Full Name: \_\_\_\_\_

My Child's Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

My Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Please submit this form to your school administrator/nurse- thank you!**

Office Use Only

Name of school: \_\_\_\_\_ Form Rec'd by (school staff): \_\_\_\_\_

Immunization history attached to form? **Y or N**

Date Rec'd by NV WebIZ: \_\_\_\_\_ Date Entered into NV WebIZ: \_\_\_\_\_