
**CONSENT FOR THE TEXAS DEPARTMENT OF TEXAS-WIDE
IMMUNIZATION REGISTRY, ImmTrac:**

1. I agree that the record of giving each vaccine (pst, present and future) can be put in the Texas Department of Health Immunization tracking system.
2. I agree that the record of giving each vaccine (past, present and future) can be given to other health care providers, schools, or places that provide child care.
3. I authorize the Texas Immunization Registry to release past, present, and future information concerning my child's immunizations to any public health district, local health department, physician to the child, health plan in which the child is enrolled, school or day care facility in which the child is enrolled, and the Department of Human Services.
4. I authorize any of the above entries to further re-release this information to promote the availability of accurate, complete and current immunization records to those entities and individuals who both administer and promote immunizations.
5. I understand that I may withdraw, either the consent to place information on my child in the registry or my consent to release information from the registry at any time by contacting the Texas Department of Health, Immunization Registry, 1100 West 49th Street, Austin, Texas, 78756.

Yes

No

Signature of Patient or Patient's Legally Authorized Representative Relationship

Instructions:

Store the parental consent statement in the patients chart. Only records with "YES" consent status should be forwarded to the State-wide Immunization Registry (ImmTrac).