

DORCHESTER DISTRICT TWO
Parental Consent for Immunization Data Entry

Name of Student: _____

Student's Date of Birth: _____

Name of Student's School: _____

Parent's Name (Printed): _____

Family Educational Rights and Privacy Act ('FERPA')

FERPA is a federal law that protects the privacy of student education records. FERPA provides parents the right to inspect and review the student's education records as maintained by the school.

I, _____ (parent's printed name), the _____ (relationship to student) of
_____ (student's name) hereby request that _____ (school name) be
permitted to access my student's immunization records through the Statewide Immunization Online Network
(‘SIMON’) for the purpose of entering immunization records for my student. I understand this consent shall
remain in effect unless it is a written withdrawal of this consent is provided to the school nurse.

Printed Parent Name

Date

Signature