The Immunization Registry and Information Source

NEW YORK STATE IMMUNIZATION REGISTRY
PARENTAL CONSENT FORM

We are participating in the Immunization Registry and Information Source (IRIS), which is a part of the New York State Immunization Registry. IRIS maintains the immunization records for children and makes them quickly available when they are needed. As with your paper immunization records, your child's computerized records are kept private and confidential.

To have your child's immunization records included in the New York State Immunization Registry, please sign the consent form below.

I consent to my/my child's immunization information and identifying demographic information being placed in the New York State Immunization Registry to assist in my/my child's medical care and treatment. The immunization information will be released to: the patient if over 18 years of age, the parent or legal guardian of a minor, their insurance company, their school or licensed day care, the local and state health department, or to a medical provider authorized to provide medical care for me/my child. I understand that I can withdraw or have my child withdrawn from the Registry at any time with written notification to my/my child's medical care provider.

Child's Name: _____ _____ ❒ Male ❒ Female
Last First DOB

Street Address: _____ City/State: _____

Zip: _____ County: _____ Birth State: _____

Guardian Name: _____ Guardian DOB: _____
Last First

Guardian Type: ❒ Mother ❒ Father ❒ Guardian ❒ Relative ❒ Self

Patient Lives With Guardian: ❒ Yes ❒ No

Patient Care Giver: ❒ Yes ❒ No

Mother's Maiden Name: _____

Primary Care Physician: _____

_____ _____
Signature of participant if over 18 years of age or signature of parent, legal guardian or legal custodian — Date

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