



JOINT SCHOOL DISTRICT NO. 2
1303 E. CENTRAL DRIVE MERIDIAN, IDAHO PHONE (208) 855-4500

Consent Form

IRIS Immunization Reminder Information System

Idaho's Immunization Reminder Information System (IRIS) is a secure health information system containing the names and immunization history of people who have received vaccinations in Idaho. This information is available only to authorized health care providers, childcare providers, and schools.

Signing the statement below will permit the West Ada School District to submit and receive information about your child's immunizations with the Idaho Immunization Reminder Information System (IRIS), the statewide immunization registry. 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 your correct address).

Participation in IRIS is voluntary and you may opt out at any time by contacting the Idaho Immunization Program at (208)334-5931 and requesting an opt-out form, or by completing an online opt-out form.

I give permission to the West Ada School District to exchange information regarding my child's immunization record with the Idaho Immunization Reminder Information System (IRIS). I authorize inclusion of all the below information into **IRIS**.

Student Name _____

Date of Birth _____ Gender _____

Address _____

Telephone Number _____

Signature _____

Relationship to child _____

Date _____