



**Section 4: Permission to Share Information:**

I, \_\_\_\_\_, give permission to the individual and/or entity that administered the 2009  
(Print your name)  
H1N1 vaccine to my child \_\_\_\_\_ to share copies of the 2009 H1N1 consent  
(Print child's full name)  
form and vaccination record with my child's school and health care provider named below, as well as with the  
Massachusetts Department of Public Health and the local board of health in my community. I also give permission  
for each of these entities to share the 2009 H1N1 consent form and vaccination record with each other.

My child's health care provider:

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

Address: \_\_\_\_\_

My child's school:

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

Address: \_\_\_\_\_

(at a minimum include Town)

- This health information is disclosed at my request and to ensure my child is appropriately vaccinated.
- This permission expires at the end of the 2009-2010 school year.
- If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information received may no longer be protected by federal privacy regulations. State privacy regulations cover information received by the MA Department of Public Health and local boards of health.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my child's ability to obtain the vaccination.
- I understand that I may inspect or copy the protected health information to be disclosed under this permission to share.
- Finally, I understand that I may withdraw this permission in writing at any time by sending written notification to:

\_\_\_\_\_  
**(School/institution/individuals handling withdrawals MUST insert name and address)**

However, if I withdraw permission at a later date, any vaccine consent form and vaccine record already shared will not be covered by the withdrawal.

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

