

**IVY CHILDREN'S CLINIC
TEXAS-WIDE IMMUNIZATION REGISTRATION
IMMTRAC CONSENT**

I agree that the record of giving each vaccine (past, present, or future) can be given to the Texas Department of Health Immunization Tracking System, and to other health care providers, schools, or places that provide child care.

I hereby authorize the Texas Immunization Registry to release such information concerning my child's immunizations to any public health district, local health department, child's healthcare providers, insurance companies, school or child care center, as well as the Texas Department of Human Services.

The re-release of such information is to promote the availability of accurate, complete and up-to-date immunization records to those entities and individuals who administer and promote immunizations.

I am aware that I may withdraw this consent at any time by contacting:



The Texas Department of Health
Immunization Registry
1100 West 49th Street
Austin, TX 78756

• YES

• NO

Signature of Parent or Legal Representative of the Patient

Relationship

Date

Records with "No" consent will not be forwarded to the Statewide Immunization Registry (ImmTrac).