



MATER DEI CATHOLIC SCHOOL

934 SW Clay Street
Topeka, Kansas 66606
Phone: 233-1727 * Fax: 233-1728

September 24, 2010

Dear Parents/Guardian:

Please read the following, sign and date the form, and return it to the school office.

The Kansas Immunization Registry is a confidential computer information system among health care professionals which assures adequate immunization levels to avoid unnecessary immunizations. Registry data is used by healthcare professionals to: monitor the immunization status of children and adults; assure compliance with state statutes immunization requirements for individuals; assess immunization practices employed by healthcare providers; identify geographic areas at high risk due to deficient immunization coverage; and document/assess vaccination coverage during disease outbreaks. This policy defines provisions under which the system operates.

Access is limited to individuals and entities that either provide immunization services or are required to ensure that persons are immunized. Patient specific information is only available to authorized users. "Authorized users" are any one of the following: 1) an employee of a public agency or department, 2) health records staff or child care facilities and family day care homes, 3) a person other than a public employee who is entrusted with the regular care of those under the care and custody of a state agency including, but not limited to operators of day care facilities, group homes, residential care facilities, group homes, residential care facilities, and adoptive or foster home and/or 4) a health care professional.

The privacy of participants and the confidentiality of information contained in the registry shall be protected at all times by all authorized users.

Thank you,

Andrea Hillebert

I allow my child to be entered into the Kansas Immunization Registry for the purpose of assessment and reporting.

Student Name: _____ Birthdate _____

Student Name: _____ Birthdate _____

Student Name: _____ Birthdate _____

Parent Signature _____ Date: _____