

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
Health Services
Authorization to Access Student Immunization Records on VacTrAK

Student Name (last, first) _____

I, _____, request and authorize

Print full name of parent or guardian

the school nurse at the Kenai Peninsula Borough School District to access information for my above named child, whose date of birth is _____, in order to review immunization records within the VacTrAK system that is managed by the Epidemiology Section of the Alaska Department of Health and Social Services. This authorization is valid as long as my child attends school in this district.

Parent/guardian signature

Date

Verbal authorization obtained from

_____ (parent/guardian

on _____ (date), at _____ (time)

by _____ (Nurse).

Text/email (circle one) authorization received on _____ (date), at

_____ (time) by _____ (Nurse.)