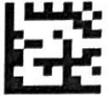




Texas Immunization Registry (ImmTrac2) Minor Consent Form



First Name, Middle Name, Last Name, Date of Birth, Child's Sex, Telephone, Email address

Address, Apartment # / Building #

City, State, Zip Code, County

Mother's First Name, Mother's Maiden Name

Race (select all that apply), Ethnicity (select only one)

The Texas Immunization Registry (ImmTrac2) is a free service of the Texas Department of State Health Services (DSHS). ImmTrac2 is a secure and confidential service that consolidates and stores your immunization records.

Consent for Registration of Release of Immunization Records to Authorized Persons/Entities
I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in ImmTrac2.

State law permits the inclusion of immunization records for first responders and their immediate family members in ImmTrac2. A "first responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency.

Please mark the box below to indicate whether you are an immediate family member of a first responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas Immunization Registry. Individual (or individual's legally authorized representative):

Printed Name, Signature, Date

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you.

PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. DO NOT fax to ImmTrac2. Retain this form in your client's record.

Questions? Tel: 800-252-9152 • Fax: 512-776-7790 • Texas Department of State Health Services • Immunizations • Texas Immunization Registry - MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347