



## NH Immunization/Vaccination Registry Opt In or Opt Out Form

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- I choose to have the above named child participate in the NH Immunization/Vaccination registry
- I choose not to have the above named child participate in the NH Immunization/Vaccination registry

I understand that this decision will not prevent the student from receiving immunizations.

I understand that a separate parent/guardian consent is required prior to administering immunizations.

I understand that I may reverse my decision at any time by completing a “NH Immunization Information System Withdrawal Form” and providing the form to the students current Healthcare Provider.

Date \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Name (signature): \_\_\_\_\_