



RELEASE OF IMMUNIZATION RECORD/INFORMATION

To: _____

(name of school or daycare)

Phone Number: _____ Fax Number: _____

I, _____, parent or guardian of
(parent or guardian)
son/daughter _____, date of birth _____,
authorize the release of a copy of my child's immunization records and the release of
immunization information to Sniffles & Giggles, LLC.

Comments: _____

Sign: _____

Date: _____