

# CCMRD Kidz Korner

## Immunization Record Release Form

I give permission for \_\_\_\_\_ School to release the Immunization Record for my child, \_\_\_\_\_ to the CCMRD Kidz Korner. This release is for child care purposes only. If the Kidz Korner is unable to obtain these records through the school I agree to provide an updated copy of all immunizations to the Kidz Korner upon my child's first day attending Summer Camp.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN**