COUNTY OF POLK
Health Department
www.polkcountyiowa.gov/health

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Release of Health Information

I hereby certify that my child has received their COVID-19 vaccine between the period of June 28th, 2021 and September 3rd, 2021. I am allowing the school district to release this information for use in the Polk County COVID-19 Vaccination Youth Incentive Program. Additionally, I consent to the viewing of my child's IRIS records be viewed for verification of vaccination as it applies to the Youth Incentive Program.

_____
Child's Name

_____
Child's DOB

_____
Child's Extra-Curricular Activity

_____
Parent/Guardian Name

_____
Parent/Guardian Signature & Date