

**WISD Technology Education and Career Center**

**Patient Care Technician-Clinical Rotation**

**Immunization Release Form**

I give the Wylie High School campus nurse permission to release a copy of my child's immunization record to the Health Science Instructor at WISD Career and Technology Education Center.

I understand this copy will be kept in my child's secured file in the Health Science Department at WISD CTE and will only be used to meet the health requirements of the health care facilities in which my child will be observing.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date