



Parent/Guardian Consent for Reporting of Immunization Information to SC Immunization Registry

A South Carolina Certificate of Immunization or a valid immunization exemption is required for school attendance. The purpose of this form is to get permission to enter your child’s immunization information in the Statewide Immunization Online Network, SIMON. If your child has received all required immunizations, Bamberg School District One will print and issue a South Carolina Certificate of Immunization.

SIMON is a confidential internet immunization record system that is maintained by the South Carolina Department of Health and Environmental Control (SC DHEC). SIMON includes immunization information entered by doctors’ offices, health departments, other immunization providers, and schools in South Carolina. Only health care providers and schools that are approved by SC DHEC can use SIMON.

Please read and complete the form below to allow Bamberg School District One to enter your child’s immunizations in SIMON. Complete all spaces.

I give Bamberg County School District One permission to enter my child’s name, birth date, address, and immunizations in SIMON, to check my child’s immunization status, and to print a copy of his/her immunization record and/or certificate.

I understand that:

- A South Carolina Certificate of Immunization will be issued if my child has all immunization required for school attendance.
- If my child does not have all required immunizations, I must get proof of immunization or a valid immunization exemption for school attendance.
- The information in SIMON may be accessed by health care providers and other schools authorized by DHEC to use the system.
- This form may also be used if my child transfers to another school in the school district named above.
- I may revoke permission for entering information into SIMON at any time; however, information that has already been reported to SIMON before I revoke permission will not be removed. I must notify the school and/or school district in writing if I choose to revoke this permission.
- If I revoke permission, my child’s health care provider may still report any new immunizations my child receives into SIMON, in accordance with South Carolina law.

Student’s Name:	
Student’s Date of Birth:	
Parent/Guardian Name:	
Parent/Guardian Signature:	
Date:	