



2 Montessori Way  
Camden, South Carolina 29020  
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## Parent/Guardian Consent

*Receiving Immunization Information through SIMON, a service of SCDHEC*

A SC Certificate of Immunization or a valid immunization exemption is required for school attendance. The purpose of this consent is to get permission to retrieve your child's immunization information from SIMON, the Statewide Immunization Online Network.

SIMON is a service of the South Carolina Department of Health & Environmental Control (SCDHEC). SIMON is a secure and confidential service that consolidates and stores your child's immunization records. SIMON includes immunization information entered by doctors' offices, health departments, other immunization providers. Only health care providers and schools that are approved by DHEC can use SIMON.

### **Consent for Registration of Child and Release of Immunization Records to Authorized Entities:**

I give The Montessori School of Camden permission to access my child's SIMON records by entering my child's name, birth date, address into SIMON.

I understand that:

- A SC Certificate of Immunization will be issued if my child has all immunizations 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 MSC to access SIMON at any time; however, information that has already been accessed from SIMON before I revoke permission will not be removed from my child's file. 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 \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date