

If your child will need school closings, please include a copy of your child's shot records. **NOTE: It is your responsibility to make sure we receive your child's shot records promptly.** If you need us to request them from your child's doctor, please fill out this form. However, please be aware that some doctor's offices will not fax medical information or do not fax them in a timely manner. It is best to pick them up in person.



417 N. Main Street China Grove, NC 28023
704-855-3276 | sra417@yahoo.com

Shot Record Authorization Release Form

To: Doctor's office: _____
Fax Number: _____

From: Parent's Name: _____

C/O: South Rowan Academy
Return fax: 704-855-0823

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

My child(ren) (named above) is/are enrolled in South Rowan Academy's after school program. SRA needs to have a record of my child(ren)'s immunizations. At your earliest convenience, please fax SRA a copy of my child's shot records. You have my authorization and release to do so.

Thank you!

Parent's Signature

Date

Parent's Name (please print)