



Immunization Records Release Consent Form

Busy Bees Daycare Center

9725 S 79th St Suite B

Tulsa OK 74133

info.busybeesllc@gmail.com

539-367-1740

Date: _____

Child's Information:

- Child's Name: _____
- Date of Birth: _____
- Parent/Guardian Name: _____
- Parent/Guardian Phone Number: _____

Consent Statement:

I, the undersigned, hereby give permission for Busy Bees Daycare Center to request and obtain my child's immunization records from the OSIS system.

Parent/ Guardian Signature #1:

Date:

Parent/Guardian Signature #2:

Date:
