

Date Received: _____

PLEASE PRINT CLEARLY

FL 680 REQUEST

Please allow a **MINIMUM of 3 business days** for completion

1. Child's Name: _____ Date of Birth: _____ Grade: _____
Month/day/year

Race: _____ Male / Female

2. Child's Name: _____ Date of Birth: _____ Grade: _____
Month/day/year

Race: _____ Male / Female

3. Child's Name: _____ Date of Birth: _____ Grade: _____
Month/day/year

Race: _____ Male / Female

I hereby authorize and give consent to FDOH-Okaloosa to e-mail my child's vaccination record (DH Form 680) using Office 365 encrypted e-mail to the following e-mail address: _____ and personally assume responsibility for retrieval and security of the same.

Signature Authorizing DH Form 680 E-mail: _____

PARENT NAME: _____ **PHONE NUMBER:** _____

Address: _____
Include city and zip code

Date Received: _____

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