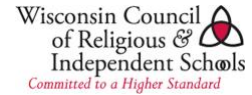The Emergency Assistance for Non-Public Schools (EANS) in the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act)

Vaccination Incentive Program

Medical Information Release

Wisconsin Council of Religious & Independent Schools
Committed to a Higher Standard

Print Name:_____

DOB:_____

Date of COVID Vaccination: Dose #1_____ Dose #2_____

Vaccine Received: ☐Pzifer-BioNTech   ☐Moderna   ☐Johnson and Johnson/Janssen

Contact Information:

Home Street Address:_____

City:_____State:_____Zip:_____County:_____
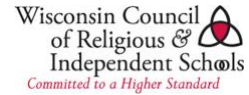
Home Phone:_____Cell Phone:_____

Email:_____

I hereby authorize the release of information concerning my COVID-19 Vaccination record, including but not limited to name, address, dates of immunizations, name and address of the provider administering each dose. I am authorizing the release of this information to INSERT SCHOOL NAME   for verification within their Vaccination Incentive Program and agree to have my vaccination card or proof of vaccination copied and kept on file at the school. I fully understand the meaning of this authorization. A photo static or facsimile copy of this authorization is valid as the original.

Signature:_____Date:_____

Return form to: [INSERT SCHOOL INFORMATION]

WCRIS encourages all EANS recipients to confer with their legal counsel relating to the forms and administration requirements relating to these funds.

The Emergency Assistance for Non-Public Schools (EANS) in the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act)

Vaccination Incentive Program

Wisconsin Council
of Religious &
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Certification of Receipt of Incentive

I certify that I, _____, provided my proof of vaccination
(print participants name)

status to _____ on _____.
(insert school's name) (date proof of vaccination was received)

In return for providing my proof of vaccination status, I have received a

_____ in the amount of $ _____ on _____.
(insert incentive provided Ex: gift card) (insert dollar amount) (date incentive was provided)

I received the incentive described above at _____.
(insert location incentive was delivered or given to recipient)

Signature of recipient:

_____ Date: _____

Print name of school representative who provided incentive:

_____

Title of school representative who provided incentive:

_____

Signature of school representative who provided incentive:

_____ Date: _____

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