

CHIRP Permission

I, _____, give St. John Evangelical School permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunizations Registry Program (CHIRP):

Name, date of birth, Immunization data that I have provided to the school
as required by Indiana State law.

This information will already be in the database if your child has received immunization at an Indiana county Health Department or if your child's Health Care Provider has submitted the information to the CHIRP database. The state is requiring all immunization reports from the schools to be submitted electronically and to eliminate duplications or missing immunizations in your child's record.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a local health care provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

(_____) _____
Telephone Number

Child's Name

Grade Level