



# CONCORD COMMUNITY SCHOOLS

## CHIRP Consent Form

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. CHIRP ensures that the most up to date record of immunizations are available to all health care providers. All schools within the state of Indiana are required to submit these CHIRP immunization reports to maintain the schools' accreditation.

I, \_\_\_\_\_, give CONCORD COMMUNITY SCHOOL permission to release the following information concerning my child \_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

**Information that will be released includes: Student's name, parent/guardian's name, current address, current phone number, student's date of birth, student's grade level, school that the student is attending, documentation of chicken pox disease, medical/religious objection to immunization, dates immunizations were administered, and adverse reaction to immunization.**

*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 may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.*

*I hereby **give** consent to the release of such information.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade Level