

St Monica School
Dear Parent/Guardian,

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 is available to all health care providers. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. Parents/guardians are being notified of this change in immunization reporting and your permission is requested to submit the immunization status of your child in this new format. Please fill out **a form for each child enrolled in school.**

I, _____, give St Monica School, permission to
(*Printed Name of Parent/Guardian*)

release the following information concerning my child _____ to the Indiana State
(*Printed Name of Child & Grade Level*)

Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Student's full name, date of birth, immunization data, demographic data such as address, telephone number and school in attendance

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 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 consent to the release of such information:

Signature of Parent/Guardian

Date

Address

Telephone number