

Children and Hoosiers Immunization Registry Program (CHIRP) –  
Consent Form

CHIRP is an internet based immunization registry for the state of Indiana operated by the Immunization Program of the Indiana State Department of Health (ISDH). It is designed to obtain immunization information of patients for tracking their immunization history and future immunization requirements. Your health care provider (your physician, etc.) may already have entered immunization data on your student. Patient information is confidential and only available to the authorized users. All schools reporting to the ISDH under IC (Indiana Code) 20-34-4-6 are required to use CHIRP to record immunization data for every student enrolled in each school. According to IC 20-34-4-1a, "The records must be kept uniformly throughout Indiana according to procedures prescribed by the state department of health." Please complete the permission form below. Any questions can be directed to the Indiana States Department of Health, 2 North Meridian Street, Indianapolis, IN 46204.

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

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 consent to the release of my child's immunization data including the following information:

<hr/> <p>Child's Name</p>	<hr/> <p style="text-align: center;">/ /</p> <p>Child's Date of Birth</p>
<hr/> <p>Address</p>	<hr/> <p>( )</p> <p>Telephone Number</p>
<hr/> <p>School</p>	<hr/> <p>Grade</p>
<hr/> <p>Parent Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Printed Name of Parent or Guardian</p>	