

Children and Hoosiers Immunization Registry Program (CHIRP) Release

Jane Ball Elementary School 13313 Parrish Ave Cedar Lake, IN 46303	Lincoln Elementary School 12245 W. 109th Ave Cedar Lake, IN 46303	Red Cedars Elementary School 10631 W. 141st Ave Cedar Lake, IN 46303	Hanover Central Middle School 10631 W. 141st Ave Cedar Lake, IN 46303	Hanover Central High School 10120 W. 133rd Ave Cedar Lake, IN 46303
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I, _____, give Hanover Community School Corporation permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

INCLUDING NAME, IMMUNIZATION DATA AND OTHER INFORMATION SUCH AS DATE OF BIRTH OR OTHER IDENTIFYING INFORMATION AS APPLICABLE

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 such information.

I would like to opt-out of the CHIRP program.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Phone Number

Child's Name

Birth Date