



**Indiana State Department of Health  
Children and Hoosiers Immunization Registry Program (CHIRP) Consent Form**

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I give Duneland School Corporation permission to release the following information concerning my student to the Indiana State Department of Health’s Children and Hoosiers Immunization Registry Program (CHIRP): student name, ethnicity, parent/guardian names, parent/guardian, contact number, address, date of birth, and immunization data.

**CHIRP Consent:**     **YES**     **NO**

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

I understand that my student’s information will 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 childcare 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 certify that I am a natural parent and/or guardian of the above named student and that this consent shall remain in full force and effect unless this consent has been revoked in writing and filed with Duneland School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian