

Pendleton Elementary School Primary

327 S. East St, Pendleton, IN 46064

Fax: 765-778-1712

Pendleton: 765-778-2117 Anderson: 765-642-2185 Fortville: 317-485-4759

Eric Schill, Principal

Tony Candiano, Assistant Principal

CHIRP Consent Form

I, _____, give South Madison Community School Corporation
(Parent/Guardian Name)
permission to release the following information concerning my child,

_____, to the Indiana State Department of Health's Children
(Child/Student Name)
and Hoosiers Immunization Registry Program (CHIRP):

All medical and personal identifying information from the school data base. For example but not limited to name, social security number, ethnicity, parent/guardian names and contact number, address, phone number, date of birth and immunization information.

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.

Parent or Guardian Signature

Date

Address (Street)

(City)

(Zip)

(_____)_____
Telephone

Student Date of Birth

Student Grade Level

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INDIANA STATE DEPARTMENT OF HEALTH'S CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM (CHIRP) CONSENT FORM

Dear Parent/Guardians,

(CHIRP) is the online system maintained by the Indiana State Department of Health that stores and updates immunization records of both children and adults in Indiana. At the request of the State Department of Health and the Department of Education, school nurses are now required to enter student specific immunization data in to CHIRP. The data collection is important for physicians, school nurses and families wanting to obtain up-to-date immunization records, including easy access to those records.

PLEASE COMPLETE THE CHIRP FORM THAT IS LOCATED ON THE OTHER SIDE OF THIS PAPER. PLEASE COMPLETE THE FORM AND RETURN IT TO YOUR CHILD'S SCHOOL.

Thank you in advance for your time,

Melissa Dixon, LPN

Pendleton Elementary School Nurse

mdixon@smcsc.com

[765-778-2117](tel:765-778-2117); Ext 2004