HEALTH and WELLNESS SERVICES

Consent to Release Information to CHIRP

(Children and Hoosier Immunization Registry Program)

The Indiana State Department of Health is requesting that school districts report immunization rates by sharing individual immunization information. In order to share your child's information we need your consent. Please complete this consent form and return it to your school with other registration materials.

I give, Fort Wayne Community Schools, permission to release the following information concerning my child to the Indiana State Department of Health's CHIRP: *Child's name, date of birth, immunizations, parent/legal guardian's name and 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 will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a childcare center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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/Legal Guardian's Signature Date

_____ _____

Child's First, Middle and Last Name (Print) Date of Birth