GREATER JASPER CONCOLIDATED SCHOOLS

CHRP RELEASE

I, _____, give Greater Jasper Consolidated Schools

permission to release the following information concerning my child _____

to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program,

(CHIRP):

* name
* immunization data
* Other such 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 immunizations status or that an immunization is due according to recommended immunizations 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 child care 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.

_____ _____

Signature Date

_____ _____

Printed Name of Parent or Guardian

_____ _(____)_____

Address Telephone

_____ _____

Child's Name Grade and Teacher

_____

School