



DALEVILLE COMMUNITY SCHOOLS

CHIRP Permission Form

Children and Hoosiers Immunization Registry Program

Revised 9-8-2015



Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry called the **Children and Hoosiers Immunization Registry Program (CHIRP)**. CHIRP allows all health care providers within the state of Indiana to enter **immunization data** as a method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education has mandated that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. Schools are required to submit these immunization reports to maintain the schools' accreditation. Parents/guardians permission is requested to submit the immunization status of your child in this format. The Indiana Department of Education, collaborating with the Indiana State Department of Health, has prepared the consent below.

I, _____ give Daleville Community Schools permission to
(Parent/Guardian)

release the following information concerning my child _____
(Student)

to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Student's full name, date of birth, immunization data, and demographic data such
as address, telephone number, and school of attendance

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 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:

Signature

Date

Printed Name of Parent/Guardian

Telephone Number

Address

Child's Name *(first, middle, last)*

Current School

Current Grade Level

Date of Birth