

Allen County Non-Public School Association FOR ALL STUDENTS

CHIRP Consent Form

The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization data with this 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 mandates that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. We are required to submit these immunization reports to maintain our accreditation. Parents/guardians within our school are being notified of this law and your permission is required to submit the immunization status of your child in this format. The Indiana Department of Education's attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document.

I, as a parent/legal guardian to the below stated child, give _____

School, permission to release in addition to immunization data, the following information concerning my child to the the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Signature

Date

Printed Name of Parent(s)/Guardian(s)

Address

City, State and Zip Code

Printed Full Name of Child

Birthdate of Child

Grade 2017-2018 _____

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.

PLEASE RETURN AT REGISTRATION OR BEFORE FIRST DAY OF SCHOOL