

Student's Name: \_\_\_\_\_ # of Times Sent Home: \_\_\_\_\_ Grade: \_\_\_\_\_

**Diocese of Fort Wayne-South Bend Schools**

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled 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 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. The school is requesting your permission to submit the immunization status of your child using this format. Please make a copy of this consent for each of your student's.

I \_\_\_\_\_, give the Diocese of Fort Wayne/South Bend 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):

Student's full name, date of birth, immunization data, and demographic data such as address, telephone number, and the school in 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 if my child's immunization status or that an immunization is due according to the 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 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
School

**PLEASE RETURN THIS FORM BY THE FIRST DAY OF SCHOOL!**