

Lake Station Community Schools CHIRP Consent

I, _____, give Lake Station Community Schools permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosier Immunization Registry Program (CHIRP): Name, Date of Birth, Immunization Data, and Demographic data.

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 and 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.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Address

Telephone Number with Area Code

Child's Name

Grade Level

Lake Station Community Schools