

Switzerland County School Corporation

CHIRP Permission



I give the Switzerland School Corporation the permission to release the following information concerning my child(ren) to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

The following information will be released with your consent:

- Child's and guardian's name, address, phone number, immunization data, date of birth, sex, race, school, medical or religious objections, grade and any other identifying information as applicable or other information as requested
- By signing this form, I also give permission for Switzerland County Schools to include the information noted above on state reports, as requested by the Indiana State Department of Health and/or the Indiana State Department of Education and to retrieve a copy of my child's immunization records from CHIRP for my child's school file or per my request.

I understand that the information in the registry may be used to verify that my child has received proper immunization 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 placement agency, or 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.