

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_ Notice Number: \_\_\_\_

### Diocese of Fort Wayne-South Bend Schools CHIRP Consent

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled 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 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 additional copies of this form for each child in enrolled in school. 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. If you have any questions, please call Maureen VerVaet, RN, at 574-904-0233. Thank you.

**PLEASE CHECK HERE AND STILL FILL OUT THIS CONSENT EVEN IF YOU OBJECT TO IMMUNIZATIONS AS THAT NEEDS TO BE RECORDED AS WELL.**

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 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 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 or such information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Name of School Child Attends

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

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

**PLEASE RETURN BY THE BEGINNING OF THE CURRENT SCHOOL YEAR OR ASAP.**