

# WESTERN SCHOOL CORPORATION

Dear Parent/Guardian,

The Indiana State Department of Health (ISDH) maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP is an online system, maintained by the ISDH that stores and updates immunization records of children in Indiana. It allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. Recently, 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. Parents/guardians within our corporation are being notified of this change in immunization reporting and your permission is requested to submit the immunization status of your child in this new format. Please complete the form attached below and return it to the nurse in the building where your child attends school. A separate form is needed for each child. This form only needs to be completed one time. As long as your child remains a student at Western, we will report his/her immunizations in this manner unless notified differently by you. 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 one of our school nurses. Thank you.

I, \_\_\_\_\_, give WESTERN SCHOOL CORPORATION permission to release the following information  
(Parent/Guardian Name)  
concerning my child \_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers  
(Child's Name)

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 will be entered into this system.

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

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

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

\_\_\_\_\_  
School

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