

# CHIRP CONSENT FORM

I, \_\_\_\_\_, give Portage Township Schools permission to release the following information concerning my student (s) listed below:

| Student Name | School | Grade |
|--------------|--------|-------|
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to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): student name, social security number, ethnicity, parent/guardian names, parent/guardian contact number, address, date of birth, immunization 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 student of my student's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my student's information will 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 certify that I am a natural parent and/or guardian of the above named student and that this consent shall remain in full force and effect unless this consent has been revoked in writing and filed with Portage Township Schools. I hereby consent to the release of such information.

\_\_\_\_\_  
Parent Signature Date  
(    )

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

\_\_\_\_\_  
Address