Dear Parent/Guardian,

The Indiana State Department of Health has implemented an electronic reporting system that is designed to improve the state's records on immunizations. The registry is called Children and Hoosiers Immunization Registry Program (CHIRP). Health care providers in Indiana will enter data into the electronic database to ensure the most up-to-date record of immunizations is available.

Recently the Indiana Department of Education mandated that Indiana schools document annual immunization records through CHIRP and we are required to submit immunization reports in order to maintain the accreditation of our schools. This letter is to notify you of this change and to ask your permission to submit the immunization status of your child electronically. If you have questions about this document, please call the health office in your school.

I, _____ , give Penn-Harris-Madison permission to release
(Parent's name)
the following information concerning my child_____
(Child's name)

to the Indiana 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 of my student's immunization status and/or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

_____   _____
Signature   *Date*

_____
Printed Name of Parent or Guardian

_____   (   )_____
Address   *Telephone Number*

_____   _____
Address Line 2   *Date of Birth*

_____   _____
Child's Name   *Grade*

_____
School

Return form to the school health office.   Reviewed 11/2017