

FREMONT COMMUNITY SCHOOL IMMUNIZATION RELEASE FORM

Indiana Code requires that each school shall keep immunization records for every student who enrolls. The Indiana State Department of Health requests us to enter this data thru the *Children and Hoosiers Immunization Registry (CHIRP)*. In order to share your child's information we need your consent. Please complete this consent form and return it to your school with other registration materials.

I hereby give Fremont Community School's Health Clinic, permission to add/update immunizations records in the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

(THE IMMUNIZATION REGISTRY MAY INCLUDE: NAME OF STUDENT, DATE OF BIRTH,
ADDRESS, PHONE AND ALL CURRENT IMMUNIZATIONS FOR YOUR CHILD)

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 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.

Parent or Guardian Signature

Date

Child's Name

Grade Level

Address

Telephone Number

