

I, _____, give
Rush County 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):

Name, Birthdate, address, parent name, ethnic group, immunizations received,

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 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.

I hereby consent to the release of such information.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name