

**Flat Rock Hawcreek School Corporation  
Hauser Jr. Sr. High School  
Hope Elementary**

I, \_\_\_\_\_, give the school \_\_\_\_\_, permission to release the following information concerning my child \_\_\_\_\_ to the Indiana State

Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

[LIST ALL INFORMATION THAT WILL BE RELEASED, INCLUDING NAME, IMMUNIZATION DATA AND OTHER INFORMATION SUCH AS  
DATE OF BIRTH OR OTHER IDENTIFYING INFORMATION AS APPLICABLE]

Student's name, date of birth, ethnicity, address, phone number, name of parents/guardians, and immunization  
information

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.

I hereby consent to the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
(      )  
Telephone Number

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

\_\_\_\_\_  
Grade