



I, \_\_\_\_\_, give the LaPorte Community School Corporation 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, immunization data, date of birth  
and information I have provided at the bottom of this notice

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Child's Date of Birth