



...excelling today and dreaming for tomorrow

I, \_\_\_\_\_, give Warsaw Community 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
- IMMUNIZATION DATA
- DATE OF BIRTH
- PARENT OR GUARDIAN NAME
- OTHER IDENTIFYING INFORMATION IF NEEDED

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.

My child's immunization 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. Other entities may be added to this list through amendment to I.C. 16-38-5-3.

By signing this consent, the school nurses will be able to keep your student's immunization records up to date each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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