

Clay Community Schools
1013 S. Forest Avenue
Brazil, IN 47834
(812) 443-4461

I _____ give Clay Community Schools,
permission to release the following information concerning

_____ to the Indiana State Department of Health's
(student name)

Children and Hoosiers Immunization Registry Program (CHIRP):

- ❖ **Child's name and date of birth**
- ❖ **Parent's name, address and phone number**
- ❖ **Child's immunization data**

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 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

() _____
Telephone Number

Address

Child's Name

Grade level