## Randolph Southern School Corporation #3 Rebel Drive Lynn, IN 47355

The Children and Hoosier Immunization Registry Program (CHIRP) is the online system maintained by the Indiana State Department of Health that stores and updates immunization records of both children and adults in Indiana.

At the request of the State Department of Health and the Department of Education, school nurses have been asked to enter student specific immunization data into CHIRP. Please sign this parental authorization form for release of this information.

## Please Return Completed Form to Paula Owens, Corporation Nurse

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to release the following information concerning my chil	ld,, to the		
Indiana State Department of Health's Children and Hoos	[Name of Child] siers 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, immunization data and other  identifying information as applicable			
		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 healthcare provider or a provider's designee, a local healthcare center, the office of Medicaid policy and planplanning, a licensed child placing agency, and a college be added to this list through amendment to I.C. 16-38-5-	Ith department, an elementary or secondary school, a ning or a contractor of the office of Medicaid policy and or university. I also understand that other entities may		
I hereby consent to the release of such information.			
Signature	Date		
Signature  Printed Name of Parent or Guardian	Date		
	Date  (		
Printed Name of Parent or Guardian			
Printed Name of Parent or Guardian  Address			