# Immanuel Lutheran School
## 520 S Chestnut Street
## Seymour, IN 47274

I, _____, give Immanuel Lutheran School, permission to release the following immunization and demographic information concerning my child, _____, to the Indiana State Department of Health's secure website CHIRP- Children and Hoosiers Immunization Registry Program. The CHIRP database is a valuable tool to securely store your child's immunization information for life and only authorized personnel can access this information. Having this information stored in one place makes it easier to apply to colleges and universities.  It also helps prevent duplication of vaccine administration.  Your child's immunization history may already be entered on the CHIRP database if he/she received immunization at a local health department or through a participating physician's office.   To enter your child's immunization history on the CHIRP database we need the following information for your child.

Name:_____ Date of Birth_____

Address:_____

Phone number:_____

Parent's Name:_____

I understand that the information in the registry may be used to verify that my child has received proper and age appropriate immunizations and to inform me of my child's immunization status or that an immunization is due according to the ACIP recommended immunization schedule.

I understand that my child's information may be available to authorized personnel only of an immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school, a child care center, 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                                                                                      Phone number

_____          _____
Child's Name                                                                              Grade Level

_____
School