



HOLY CROSS

LUTHERAN CHURCH & SCHOOL

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I, _____, give Holy Cross Lutheran School, permission to release the following information concerning my child, _____, to the Indiana State department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): This information that may be released is Name, Immunization data, date of birth, 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 immunizations schedules.

I understand that my child's 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. 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