



I, \_\_\_\_\_, give Saint Joseph High School, permission to release the following information concerning my student \_\_\_\_\_ to the Indiana State

Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):  
Student's full name, date of birth, immunization data, and demographic data such as address, telephone number, and school in attendance.

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

I understand that my student'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 student 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

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
School

**PLEASE RETURN TO THE INFIRMARY OR VIA FAX: 574-232-1138. ATTENTION:  
SCHOOL NURSE CHRISTINE KANCZUZEWSKI BY MONDAY, NOVEMBER 30, 2015.**