



BAUGO COMMUNITY SCHOOLS

Small School Feel~World Class Education

29125 County Road 22 West, Elkhart, Indiana 46517

CHIRP

The Indiana State Department of Health Maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. CHIRP ensures that the most up to date record of immunizations are available to all health care providers. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. Schools are required to submit these immunization reports to maintain the schools' accreditation. Parents/guardians within our corporation are being notified of this change in immunizations reporting and your permission is required to submit the immunization status of your child in this new format.

I, _____ parent/guardian of _____, DOB _____ give Baugo Community Schools permission to release the following information to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

All immunization records and personal identifying information from the CHIRP data base. For example but not limited to: name, parent/guardian name, medical or religious objection, address, phone number, birth date, school name, documentation of chickenpox disease.

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 the recommended immunization 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, and elementary or secondary school, a child care center, the office of Medicaid policy and planning of 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/Guardian

Address:	Telephone #:
Child's Name:	Grade/School: