

WEST NOBLE SCHOOL CORPORATION

I, _____, give West Noble School Corporation,
permission to release the following information concerning my child
_____ to the Indiana State Department
of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Name, date of birth, immunization data, names of parents, address, and other 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 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

School