



Hamilton Community Schools
 903 South Wayne Street
 Hamilton, IN 46742
 Phone: 260.488.2101 Fax: 260.488.3149

2021-2022 School Year

C.H.I.R.P Consent

C.H.I.R.P. is the online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

I give the Hamilton Community School Nurse permission to release my child's immunization records onto the Indiana State Department of Health's Children and Hoosiers immunization and Registry Program (C.H.I.R.P.).

The Information released will include: Name, sex, date of birth, ethnicity, address, phone number, name of parents/guardians and immunization data.

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, a local health department, an elementary or secondary school that is attended by the individual, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, 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

_____ I hereby deny to the release of such information

Student First Name: _____	Address Line 1: _____
Student Last Name: _____	Address Line 2: _____
Student Grade Level: _____	Unit/Apt#: _____
Home Phone #: _____	City: _____
	State: _____
	ZIP Code: _____

Printed Name of Parent/Guardian: _____

(Please do not fill in if using electronic form)

Parent / Guardian Signature: _____ Date: _____