



Saint Patrick School

of the Terre Haute Deanery

I, _____, give Saint Patrick 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):

Child's Name	
Child's D.O.B.:	
Child's Vaccination Information:	

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 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 IC. 16-3 8-5-3.

I hereby consent to the release of such information.

Parent/Guardian Name

Parent/Guardian Signature

Street Address

City, State, Zip

Child's Name

Grade Level (2024-2025)