

Renaissance Academy

CHIRP Authorization

Dear Parent/Guardian:

I, _____, give Renaissance Academy Charter 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): Student name, immunization data, date of birth and other identifying 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 will be available to the immunization data registry of another state, a healthcare provider, a local health department, elementary or secondary schools that are attended by my child, a child care center, the office of Medicaid policy and planning, or contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to the list through amendment to I.C. 16-39-5-3.

I hereby consent to the release of such information.

Child's Name _____

Grade Level _____

Child's Date of Birth _____

Child's Race _____

Address _____

Telephone number (____) _____

Printed Name of Parent or Guardian _____

Signature _____

Date _____