## **COMMUNITY SCHOOLS OF FRANKFORT**

## **CHIRP REGISTRY CONSENT FORM**

Child's Name	Birth date	
	CHIRP	
	osiers Immunization Registry Progra and updates immunization records of Indiana. It is confidential and free	of both children and adults in
	BENEFITS OF USING CHIRP	
* Providers can determine when a patient is due or overdue for immunizations.	* Providers can print official records for parents, schools, camp, or employment.	*School nurse can correct errors, add data, compile data for state immunization reports.
immunization records into the	The information that may be needed	permission to register my child's th's Children and Hoosiers Immunization ed is student's name, date of birth, address
	n me of my child's immunization sta	verify that my child has received proper atus or that an immunization is due
state, a healthcare provider, by the individual, a child can	a local health department, an elemer re center, and the office of Medicaid and planning. I also understand that o	immunization data registry of another ntary or secondary school that is attended policy and planning or a contractor of the ther entities may be added to this list
I hereby consent to the relea	se of such information.	
Signature of Parent/Guardia	<u></u>	Date

Return to School Nurse