

Please complete and sign the form which will give North Montgomery Community School Corporation your consent to document your immunization data in the Indiana State Department of Health's Children and Hoosiers immunization Registry Program (CHIRP.) Entering this data without consent is a violation of Family Educational Rights and Privacy Act (FERPA.) Thank you for providing the required information.

I, \_\_\_\_\_, give the North Montgomery Community School Corporation permission to release my following information to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): Name, birth date, address, phone number and immunization data.

I understand that the information in the registry may be used to verify that I have received proper immunizations and to inform me of my immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my information will be available to the immunization data registry of another state, a healthcare provider, a local health department, a secondary school attended, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number