



**St. Stanislaus School**  
“Home of the Saints”

I, \_\_\_\_\_, give St. Stanislaus Kostka, 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’s 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, and elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning, or contractor of the office of Medicaid policy and planning. I also understand that the other entities may be added to the list though amendment to I.C. 16-39-5-3.

I hereby consent to the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Grade Level