



# Lake Central

## School Corporation

8260 Wicker Avenue • St. John, IN 46373 • (219) 365-8507 • Fax (219) 365-6406 • www.lcsc.us

I, \_\_\_\_\_, give \_\_\_\_\_  
Name of School

permission to release the following information concerning my child, \_\_\_\_\_  
Name of Child

to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

The following information will be released:

**Name, Date of Birth, Race, Address, City, State, Zip Code, County, Home Phone Number,  
School that they are presently attending and Immunization Data**

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 designee, 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 I.C. 16-38-5-3.

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

\_\_\_\_\_  
School