



CONCORDIA LUTHERAN SCHOOL
PRESCHOOL • ELEMENTARY SCHOOL • MIDDLE SCHOOL

A Ministry of Concordia Lutheran Church

January 2021

Dear Parents,

Enclosed is a consent form for your child's immunizations to be entered in CHIRP (Child and Hoosiers Immunization Registry Program). CHIRP is the database of children's records when your child has immunizations administered at the Board of Health or Super Shot. Some physicians' offices also input data to CHIRP as well. Your child's immunizations may already be entered into CHIRP, but you will still need to complete the enclosed form. A consent form is needed for each child.

The Indiana Department of Education is requiring all student immunizations to be entered into CHIRP starting with the 2010-2021 school year. Student immunizations have always been reported to the Indiana Department of Education/Health, but in a numerical report that stated the number of students complete or incomplete. All immunizations have been entered for this years current Kindergarten, 1st, and 6th grade students. In an effort to be efficient with this process we are beginning the entry process for those students who will be enrolled for the 2020-2021 school year.

Please complete the form and return with the other Health Forms in the packet.

ENGAGING HEARTS AND MINDS

4245 LAKE AVENUE ▪ FORT WAYNE, IN ▪ 46815

PHONE: (260) 426-9922 x200 ▪ FAX: (260) 422-6980 ▪ E-MAIL: school@clscubs.org



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RETURN TO SCHOOL BEFORE 1ST DAY OF SCHOOL

CHIRP Consent Form for Release of Immunization Record

The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization data with this method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandates that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. We are required to submit these immunization reports to maintain our accreditation. We need your consent via this form to add your child to our school data. The Indiana Department of Education’s attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document.

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 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.

_____ I decline the release of such information.

I, _____ as a parent/legal guardian to the below stated child, give Concordia Lutheran Elementary School permission to release in addition to immunization data, the following information concerning my child to the Indiana State Department of Health’s Children and Hoosiers Immunization Registry Program (CHIRP):

Signature

Date

Printed Name of Parent(s)/Guardian(s)

Address

City, State and Zip Code

Printed Legal Name of Child

Birthdate of Child

Grade of Child

(rev ACNPSA 1/21)

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