



MARQUETTE CATHOLIC HIGH SCHOOL

Faith In Education Since 1886

Authorization Form to Release Immunization Records

2010

I, _____, give Marquette Catholic High School, 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 immunization 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 through amendment to I.C. 16-39-5-3.

I hereby consent to the release of such information.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Address

Phone Number

Child's Name

Grade