



South Gibson School Corporation

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Dear Parent/Guardian

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. Chirp ensures that the most up-to-date record of immunizations is available to all health care providers. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. Schools are required to submit these immunization reports to maintain the schools' accreditation. Parents/guardians within the South Gibson School Corporation are being notified of this change in immunization reporting and your permission is requested to submit the immunization status of your child in this new format. **Please sign and return the release form to your school nurse.**

I give the South Gibson School Corporation 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, Address, Phone number, Date of birth, Immunization data, Parent's name,
School name, Grade level**

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