



DISCOVERY
CHARTER SCHOOL

I, _____, give the Discovery Charter 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):

The following information will be released:

NAME, DATE OF BIRTH, RACE, ADDRESS, CITY, STATE, ZIP CODE, COUNTY, PHONE NUMBER, PARENT NAME, IMMUNIZATION DATA, AND SCHOOL PRESENTLY ATTENDING

I understand that the information in the registry may be used to verify that my child has received proper vaccinations and to inform me of my child's vaccination status, or that a vaccination is due according to the ISDH required vaccination schedule.

I understand that my child's information may be made available from Discovery Charter School to a local health department or any elementary or secondary school the child may transfer to.

I hereby consent to the release of such information.

Signature

Date

Parent/ Guardian name (printed)

Address

Phone Number

Student Name

Date of Birth

K 1 2 3 4 5 6 7 8
Grade Level (please circle)