



What Is CHIRP?

CHIRP stands for the [Children and Hoosiers Immunization Registry Program](#). It is our state's immunization registry that **permanently** stores immunization records in an electronic format. CHIRP has been around since 2002 and currently stores almost 60 million records for current and former Hoosiers.

One way to get your child's records updated in CHIRP is to provide a copy of the record to your child's school, as required under Indiana Law (IC 20-34-4-5). School nurses and other school personnel can enter records into CHIRP. All schools that are accredited under the Indiana Department of Education use CHIRP to review and update student immunization records. Schools must; however, have parent permission under the Family Educational Rights & Privacy Act (FERPA) prior to entering any immunization records into the registry. This is the reason your child's school is asking you to sign a "CHIRP Release Form".

There are many benefits to having immunization records stored in CHIRP. Most importantly, having a record in CHIRP can prevent costly and unnecessary revaccination in the future. CHIRP is also a life-time registry. CHIRP allows an individual, parent or guardian to access their own immunization records at any time. CHIRP also has an portal called MyVaxIndiana which allows individuals to access their own or their child's immunization records online. To learn more about MyVaxIndiana, please talk with your healthcare provider or visit <https://myvaxindiana.in.gov/>.

School City of Hobart

PARENTS WRITTEN PERMISSION TO ENROLL THEIR CHILD IN THE CHILDREN AND HOOSIER IMMUNIZATION

REGISTRY PROGRAM

Chirp is the free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

I, _____, give Hobart schools permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosier Immunization Registry Program (C.H.I.R.P):

Full name of the student

Date of Birth

Address

Parent(s) name

Phone number

Immunizations

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. 15-38-5-3.

I hereby consent to the release of such information.

Parent or Guardian Signature

Date

Printed Name of Parent or Guardian

Address

_____ () _____

Telephone Number

Child's Name

Telephone Number

Date of Birth

School

Grade Level