



Metropolitan School District  
Superior Schools in a Supportive Community  
**WASHINGTON TOWNSHIP**

Nikki C. Woodson, Ph.D., *Superintendent*

I, \_\_\_\_\_, revoke permission for MSDWT, to release immunization information concerning my child \_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

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. ***Revoking permission for MSDWT Schools to transfer data to CHIRP may result in a lack of up-to-date documentation in the registry.***

I hereby revoke permission to the transfer of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
School