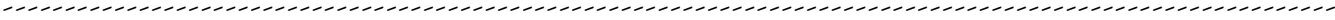




# Saint Matthew Catholic School

To SMS Parents,

As requested by the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program, this form is to be completed and returned at Orientation on August 11th. This form will allow Saint Matthew School to submit your child's immunization information to the State.



I give Saint Matthew Catholic School, permission to release immunization information concerning my child(ren) to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me 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.

\_\_\_\_ I do not wish to participate in this information/data sharing.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_, 2011  
Date

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

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

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

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

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Child's Name