

FLOYD COUNTY HEALTH DEPARTMENT

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www.floydcountyhealth.org



Dear Parent/Guardian:

The Indiana State Department of Health and the Indiana Department of Education are now requiring all schools to enter student immunization records into the statewide registry program. This will eventually make the reporting process much easier. In order to begin this task I need for you to fill out the form at the bottom of this page with your child's information, sign and return it to your school as soon as possible. This form serves as your consent to have this information entered into the system.

Also, if your child has recently received vaccinations, please bring an updated vaccination record to your school. Thank you for your cooperation.

Sincerely,

Tamyra Spear, RN
 Director of Nursing
 Floyd County Health Dept.



CHIRP

Children and
 Hoosiers
 Immunization
 Registry
 Program

CHILDREN AND HOOSIER IMMUNIZATION REGISTRY
 PROGRAM (CHIRP)
 RECORD OF PARENT/GUARDIAN OR RECEIPT SIGNATURE

Child's Last Name:	First Name:	Middle Name:	Date of Birth:	Grade:
Birth State:	Birth Country:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	School	
Race (circle): White African American Asian Multi-racial American Indian Other		Hispanic Origin: Hispanic Non-Hispanic Other		
Name of Parent/Legal Guardian			Home Phone:	Work Phone
Mailing address for Parent/Legal Guardian				
City:	State:	Zip:	Email Address:	

Signature of parent/legal guardian

X _____

Date _____