

Confidential Student Immunization Form

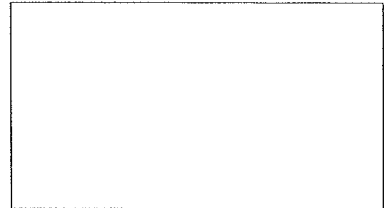
This form must be completed by a parent or legal guardian.
A "legal guardian" is an individual who has been awarded legal guardianship of a child by a court of law.

Dear Parent/Legal Guardian:

By law, every child who goes to school in Ontario must provide proof of immunization or one of the following:

1. A notarized *Statement of Conscience or Religious Belief* Affidavit (please submit the original document and not a photocopy); or
2. *Statement of Medical Exemption* completed by your doctor

This information is kept on file at Niagara Region Public Health and used in the event of a community outbreak



Please complete the following steps:

1. Complete the form below (please print in black or blue ink)
2. Attach a photocopy of your child's immunization record
3. Bring completed form and photocopy of immunization record to the school at the time of registration. The school will send this information to Public Health on your behalf

A photocopy of your child's immunization record must be attached to this form or a legal exemption must be on file at Public Health. Children not meeting these requirements may be suspended from school

Student name: _____
(Last) (First) (Middle)

Ontario Health Card number Male Female Birthdate: _____
(yy/mm/dd)

Mailing address: _____
(Number) (Street) (Apt. #/Unit /P.O. box)

(City) (Postal Code)

Name of School: _____ Name of Previous School: _____

Name(s) of <u>ALL</u> parent(s)/legal guardian(s)	Relationship to child	Contact phone number(s)
1. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Work: _____ Cell: _____
2. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Work: _____ Cell: _____
3. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Work: _____ Cell: _____

Signature of one of the above listed parent(s)/legal guardian(s): _____ Date: _____
(yy/mm/dd)

If you have any questions, please call 905-688-8248 ext. 7425 or 1-888-505-6074.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act, 2004 (PHIPA). Information is collected for the purpose of providing services to you under the Vaccine Preventable Disease program and in accordance with the Health Protection and Promotion Act or other applicable legislation. You have the right to view and correct this information, or withhold or revoke your consent usually without affecting the services provided here. If you have any questions about our policy, please contact the Freedom of Information and Privacy Coordinator at 905-685-4225 ext. 3741.