

# Child Care Immunization Form

Vaccine Preventable Disease program  
 Phone: 905-688-8248 or 1-888-505-6074 ext. 7425  
 Fax: 905-688-8225

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

## Section one: Child Information

Child Care program/facility

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Name of previous Child Care facility

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Child's Name (Last) (First) (Common)

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Birthdate (yy/mm/dd) Sex M F Child's Ontario Health Card # (optional)

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Mailing Address (Apt.#/Unit/P.O. Box) (Number) (Street)

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(City) (Postal Code)

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Physician/Health Care Provider

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## Section two: Parent/Legal Guardian Information

Name(s) of ALL Parent(s)/ Legal Guardian(s)	Relationship to Child	Contact Phone Number(s)
1. <hr/> (Last) (First)	Mother Father Other (specify)	Home: _____ Cell: _____
2. <hr/> (Last) (First)	Mother Father Other (specify)	Home: _____ Cell: _____

**Please attach two copies of the child's original immunization card**

One copy to stay with operator and one copy for Niagara Region Public Health

I hereby consent to the disclosure of this information and immunization record to the Medical Officer of Health.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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.