

Child Care Enrolment Immunization Information Form

Return this completed form to your licensed child care operator.

In Ontario, it's required by law for children attending licensed child care to have an up-to-date immunization record or valid exemption on file with their licensed child care operator. A copy of this form will be sent to Public Health. This helps Public Health respond quickly if there's an outbreak and take the necessary steps to protect everyone. **This form must be completed by the child's parent or legal guardian when they enrol in child care.**

Child Information

Child care program/facility:

Name of previous child care facility:

Child's last name:

Child's first name:

Date of birth (mm/dd/yyyy):

Gender: Male Female Other

Child's Ontario health card number (optional):

Mailing address:

City:

Postal code:

Physician/health care provider (optional):

Parent/legal guardian information

Name(s) of all parent(s)/ legal guardian(s)

1. Parent's last name:

1. Parent's first name:

1. Relationship to child: Mother Father Other (specify):

1. Home phone number:

1. Cell phone number:

2. Parent's last name:

2. Parent's first name:

2. Relationship to child: Mother Father Other (specify):

2. Home phone number:

2. Cell phone number:

Attach your child's immunization record

Attach copies of child's (select any of the following as applicable):

Yellow card (two copies are needed)

Immunization Connect (ICON) printout (use your child's health card to access at nrph.icon.ehealthontario.ca) Only one copy is needed.

Valid Ministry of Education exemption form (Statement of Medical Exemption, Statement of Conscience or Religious Belief). Two copies are needed. **Note:** All child care exemptions will expire (i.e. no longer be valid) once the child enters school. There is a different process and form for school-aged children.

Your licensed child care operator will forward to Public Health so the information can be applied to your child's immunization record. After your child is enrolled, it's important to keep your child's vaccination record up to date by reporting each vaccination to your child care operator and 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 (mm/dd/yyyy): _____

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 assessing, keeping records, and reporting on the immunization status and exemptions of children attending child care in the province of Ontario. Information collected is maintained electronically in a provincial immunization system that is provided by the Ontario Ministry of Health.

If you would like to know how we use personal health information, please visit niagararegion.ca/more/disclaimer/phipa-privacy-statement.aspx or contact our privacy office at foi@niagararegion.ca or 905-980-6000.