

Parent/Guardian

- Please attach a copy of your child's immunization record (can be photocopied at the school).
- Please complete this form and return it to the school/child care centre when you register your child. The school/child care centre will forward this form to the health unit.
- When your child receives their next immunization(s), please call the health unit OR visit LakelandsPH.ca/Immunization to report it. Immunization records and updates are NOT automatically provided by your doctor.

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| Child's Legal Surname | Child's Other Surnames (if any) |
| Child's Legal First Name | Child's Preferred Name |
| Child's Date of Birth M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> | Child's Ontario Health Card Number |
| Legal Parent / Guardian | Legal Parent / Guardian |
| Preferred Mailing Address | Alternate Mailing Address |
| City | City |
| Postal Code | Postal Code |
| Preferred Phone (check one) Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> | Preferred Phone (check one) Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> |
| Alternate Phone (check one) Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> | Alternate Phone (check one) Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> |
| Current School / Child Care Centre | |
| Previous School / Child Care Centre | |

Lakelands Public Health is required under the Immunization of School Pupils Act (ISPA) and/or the Child Care and Early Years Act (CCEYA) to collect and maintain up-to-date immunization records for every child registered in school and/or a licensed childcare program. Parents/guardians are required to provide the Health Unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria, pertussis (whooping cough), polio and meningitis. Varicella (chicken pox) immunization is ONLY required for children born in 2010 and later. If you choose not to immunize your child, you must complete either a Statement of Medical Exemption or Statement of Conscience or Religious Belief Affidavit. Please contact the Health Unit for more information at LakelandsPH.ca or 1-844-575-4567.

We collect, use, and disclose your personal and personal health information under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.5, the Immunization of School Pupils Act (ISPA), R.S.O. 1990, s.11(1), and/or the Child Care and Early Years Act (CCEYA), S.O. 2014, s.35 and its Regulations. This information is collected for the purpose of assessing, keeping records, and reporting on the immunization status of children going to schools or enrolled in a licensed childcare program within the province of Ontario. Information collected is maintained electronically within a provincial immunization information system provided by the Ontario Ministry of Health. Information will be collected, used, and disclosed in accordance with the Personal Health Information Protection Act (PHIPA), 2004, S.O. 2004, c.3. Should you have any questions about this collection of information, please contact the Health Unit's Designated Privacy Officer, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or call 1-844-575-4567.