

Last Name: _____ First Name: _____ Relationship to Child: _____

Home/Cell Phone #: (_____) _____ Work Phone #: (_____) _____

3. Immunization Record:

Please attach a photocopy of your child's Immunization Record(s).

Please make sure that the record also contains your child's name and birth date.

PLEASE NOTE:

The *Day Nurseries Act and Immunization of School Pupils Act* requires that students have up to date immunizations for **Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella (German measles), Meningococcal disease (Meningitis), Pertussis (Whooping cough), and Varicella (Chickenpox).**

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child's immunizations to Public Health (Medical Officer of Health)
- A valid written exemption if you decide not to immunize your child because of medical, religious, or philosophical reasons. **PLEASE NOTE:** at the time of school entry a signed medical exemption form from your physician or nurse practitioner or a statement of conscience or religious belief affidavit signed by a commissioner of oaths will be required.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health by calling **1-800-265-7293 ext: 4396** or ask to speak to "Immunization Records".

If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider for further assistance.