

Child's Immunization Information

New Registrant to Licensed Child Care Programs

Instructions for Parents/Guardians

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to your Licensed Child Care Provider.

Children enrolled in licensed child care centers must be immunized against **Polio, Pertussis (Whooping Cough), Diphtheria, Tetanus (Lockjaw), Measles, Mumps, Rubella (German Measles), and Haemophilus influenza type b**, unless a legal exemption applies.

A parent or guardian of a child registering in a licensed child care program must provide one of the following:

An up-to-date record of their child's immunization.

OR

A completed medical exemption form, which clearly states the medical reasons why the child cannot be immunized must be completed by a qualified medical practitioner.

OR

A letter provided in writing objecting to the immunization on the ground that the immunization conflicts with a parent/guardian's conscience or religious beliefs. This letter should be submitted to your Licensed Child Care provider.

If an outbreak occurs, any child who is not adequately immunized will not be able to attend the child care facility unless the child receives the required vaccine or until the outbreak is over.

Instructions:

1. Complete the reverse side of this form and return it to the Licensed Child Care Provider.
2. Fill in the dates of each needle (year/month/day) or attach a clear photocopy of the child's immunization record. Both sides of the record must be included.
3. If you do not have an immunization record for your child, take this form to your doctor to complete.
4. Each time your child is immunized, give a copy of that information to the child care provider. They will forward a copy to Toronto Public Health.
5. If you do not have an Ontario Health Card and cannot afford a doctor's services for immunization, call 416-392-1250. You will receive information about how your child can obtain the necessary needles.
6. Always keep a copy of your child's immunization record for future reference.

**If you require further information, please call Toronto Public Health,
Immunization Infoline at 416-392-1250**



East York Civic Centre
 850 Coxwell Avenue
 Toronto, Ontario M4C 5R1
 Tel: 416-392-1250
 Fax: 416-338-2487

Request for Immunization Information for Registrants to Licensed Child Care Programs

To Parents/Guardians:

Please complete the information below or attach a copy of your child's immunization record. You can get your child's immunization record from your doctor. Please return this form to the child care facility within two weeks. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Infoline at **416-392-1250**.

IT IS IMPORTANT TO COMPLETE THIS INFORMATION IN FULL: DATE: _____

Child Care Facility: _____

Child's Surname: _____ Child's Given Name: _____

Date of Birth: _____ Sex: Male Female (CIRCLE ONE)
(yyyy) (mm) (dd)

ONTARIO HEALTH CARD NUMBER

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Home Address: _____
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Parent/Guardian Name: _____
(STATE: MOTHER OR FATHER) SURNAME GIVEN NAME

Telephone Number: () _____ - _____ () _____ - _____
HOME BUSINESS

Doctor's Name: _____ Doctor's Phone Number: () _____ - _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW

| Vaccine | Diphtheria | Pertussis (Whooping Cough) | Tetanus (Lockjaw) | Polio* | Haemophilus B (HIB) | Measles | Mumps | Rubella (German Measles) | Varicella (Chickenpox)** | Pneumococcal** | Meningococcal C** | Hepatitis B** | TB Skin Test Results** | BCG** | Comments, other immunizations or tests |
|---------------------------|------------|-------------------------------|----------------------|--------|------------------------|---------|-------|-----------------------------|-----------------------------|----------------|-------------------|---------------|---------------------------|-------|--|
| Dates Given (yy/mm/dd) | | | | | | | | | | | | | | | |
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NOTE: *Polio: If oral polio vaccine was given, indicate with an "O". ** Not Mandatory

The personal health information on this form is used by Toronto Public Health for the purpose of maintaining an immunization record for children attending Licensed Child Care Programs and for taking appropriate action to prevent certain vaccine preventable diseases. For information on the way we protect confidentiality of health information, please visit our web site at www.toronto.ca/health.

Please see other side