

1. Name of School: _____ Today's Date: _____

Please check off the box that best describes your child:

<input type="checkbox"/> Kindergarten student	start date: _____/_____/_____	
	YYYY MM	
<input type="checkbox"/> New student	start date: _____/_____/_____	_____
	YYYY MM	Name & location of previous school
<input type="checkbox"/> International/ Exchange student	start date: _____/_____/_____	end date: _____/_____/_____
	YYYY MM DD	YYYY MM DD
	Home country: _____	Preferred Language: _____

2. Personal Information (Please PRINT clearly)

Child's information -please print name as it appears on school registration:

Last Name: _____	First Name: _____	Middle Name: _____
Date of Birth: _____/_____/_____	Gender: M <input type="checkbox"/>	Ontario Health Card #: _____
YYYY MM DD	F <input type="checkbox"/>	Version Code _____
	X <input type="checkbox"/>	_____-_____-_____
Street Address: _____	Unit/Apt: _____	
City/Town: _____	Postal Code: _____	
Name of Doctor: _____	Doctor's Phone #: (_____) _____	

Parent/Guardian Information:

Last Name: _____	First Name: _____	Relationship to Child: _____
Last Name: _____	First Name: _____	Relationship to Child: _____
Home Phone #: (_____) _____	Work Phone #: (_____) _____	

3. Immunization Record:

Please attach a photocopy of your child's Immunization Record(s)
Please make sure that 1) the record also contains your child's name and birth date.
2) the record is translated to English or French.

PLEASE NOTE:

The 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 school 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 signed medical exemption form from your physician or nurse practitioner
- A statement of conscience or religious belief affidavit signed by a commissioner of oaths and a Vaccine Education Certificate (issued by your local Public Health unit).

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 or Public Health for further assistance.

IMMUNIZATION EXEMPTION REQUEST

Is there any reason your child is not immunized?

YES NO

If you answered "YES" an exemption from immunization package will be mailed to you. Please complete the form(s) as instructed and return to Public Health as soon as possible. These forms can also be found on our website at www.wdgppublichealth.ca

Please note: if your child is not immunized due to religious/conscience beliefs you are also required to complete a Vaccine Education Course at your local Public Health Office. Please call 1-800-265-7293 for more information.

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.