Immunization History for New Student/ Child Care Attendee Registration

Parent/Guardian:

- Please attach a copy of your child's immunization record (can be photocopied at the School/Child Care Centre).
- 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 Lakelands Public Health.
- Report future immunizations by visiting lakelandsph.ca/immunization or calling 1-844-575-4567. Immunization records and updates are NOT automatically provided by your doctor.

Child's Legal Surname	Child's Other Surnames (if any)
Child's Legal First Name	Child's Preferred Name
Child's Date of Birth: YYYY/ MM/ DD Male ☐ Female ☐ Other ☐	Child's Ontario Health Card Number
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
PO Box (if applicable)	PO Box (if applicable)
City	City
Postal Code	Postal Code
Preferred Phone (check one) Home ☐ Cell ☐ Work ☐	Alternate Phone (check one) Home ☐ Cell ☐ Work ☐
Current School / Child Care Centre	
Previous School / Child Care Centre	

Personal and personal health information provided is collected under the authority of the *Health Protection and Promotion Act*, the I*mmunization of School Pupils Act* and the *Child Care and Early Years Act*. The information is used to administer the Lakelands Public Health Vaccine Preventable Disease Program and will be handled in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Questions about the collection, use and disclosure of this information may be directed to the Privacy Officer at 1-844-575-4567.