

PLEASE COMPLETE ALL SECTIONS

Child's Last Name:

Child's First Name:

Gender (✓):

Male

Female

Date Of Birth:

____ / ____ / ____
YYYY MM DD

Name of Child Care Centre:

I consent to the collection and use of the Ontario Health Card Number for the purpose stated below¹:

SIGNATURE REQUIRED:

CHILD'S ONTARIO HEALTH CARD NUMBER:

Signature of Parent/Guardian

____ / ____ / ____

OHIP numbers are collected for the Region of Peel Internal use

PARENT / LEGAL GUARDIAN INFORMATION:

Last Name

First Name

Apt/Unit#

Home Address

City

Postal Code

() _____
Home Telephone Number

() _____
Mobile Telephone Number

() _____
Business Telephone Number

Please attach a clear copy of the immunization record with dates of all vaccines received. Do not attach the original.

Peel Public Health may share your child's immunization information with another health care provider upon request if they administer immunizations or are required to maintain a record of immunization for your child. If you do not want this information shared please provide notification to the address provided below.

All children attending a licensed child care centre in the Region of Peel must provide proof of immunization against **diphtheria, pertussis, tetanus, polio, measles, mumps, rubella and haemophilus influenzae type B (Hib)** according to the Ontario Immunization Schedule, or provide proof of exemption. Peel Public Health maintains and reviews the records of pre-school and school-aged children to ensure they meet the recommendations of the Ontario Immunization Schedule (Day Nurseries Act, R.R.O. 1990, Reg. 262, s.33).

Important Reminders:

1. Your child care provider must have an up-to-date immunization record for your child on an ongoing basis.
2. Inform your child care provider and Peel Public Health every time your child receives an immunization. Please note that doctors do not report this information.
3. Peel Public Health will review your child's immunization record and send you a letter to confirm if he/she is up-to-date or requires other immunizations.

If you have any questions please contact Peel Public Health at 905-799-7700. Caledon residents please call toll free at 905-584-2216.

Immunization Records
Peel Public Health
7120 Hurontario Street, PO Box 630 RPO Streetsville
Mississauga, On L5M 2C1
www.ImmunizePeel.ca

IMMUNIZE ON TIME. REPORT EVERY TIME.

¹Notice with respect to the Collection of Personal Information: This information is being collected pursuant to the Health Protection and Promotion Act R.S.O. 1990 c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, the Personal Health Information Protection Act 2004 S.O. 2004 c.3. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Vaccine Preventable Diseases Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2. 905-799-7700.