

Niagara Region Public Health Vaccine Preventable Disease Program P.O. Box 105, Station Main Thorold, Ontario L2V 0A2 905-688-8248 ext. 7425 or 1-888-505-6074 Fax: 905-688-8225

Confidential Student Immunization Form

Dear Parent/Guardian:

By law, every child who goes to school in Ontario **must provide** proof of immunization **or** a notarized *Statement of Conscience or Religious Belief* form. This information is kept on file at Niagara Region Public Health to be used in the event of a community outbreak. Please complete this form and attach a photocopy of your child's immunization record and bring it to the school **at the time of registration**. The school will send this information to Public Health on your behalf.



If you have any questions, please feel free to call 905-688-8248 ext. 7425 or 1-888-505-6074.

(first)	(middle)
(yy/mm/dd)	
(apt #/unit)	P.O. box:
	Postal code:
(please specify):	
(work)	
Name of previous so	hool:
9	Date:
	(yy/mm/dd) (apt #/unit) (please specify):

A photocopy of your child's immunization record must be attached to this form or a Statement of Conscience must be on file at Public Health. Children not meeting the requirements may be suspended from school.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act, 2004 (PHIPA). Information is collected under the Health Protection and Promotion Act for the purpose of assisting you under the Vaccine Preventable Disease Program. You have the right to view and correct this information, or withhold or revoke your consent usually without affecting the services provided here. If you have any questions about our policy, please contact the Freedom of Information and Privacy Coordinator at (905) 685-4225 ext. 3741.