

Child Care Immunization Form

Vaccine Preventable Disease program
 Phone: 905-688-8248 or 1-888-505-6074 ext. 7425
 Fax: 905-688-8225

This form must be completed by the child’s parent or legal guardian. A “legal guardian” is an individual who has been awarded legal guardianship of a child by a court of law.

Section one: Child Information

Child Care program/facility: GREAT LAKES CHRISTIAN PRESCHOOL			
Name of previous Child Care facility			
Child’s Name	(Last)	(First)	(Common)
Birthdate	(yy/mm/dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Child’s Ontario Health Card Number (optional)
Mailing Address		(Apt.#/Unit/P.O. Box)	(Number) (Street)
		(City)	(Postal Code)
Physician/Health Care Provider			

Section two: Parent/Legal Guardian Information

Name(s) of <u>ALL</u> Parent(s)/ Legal Guardian(s)	Relationship to Child	Contact Phone Number(s)
1. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	Home: _____ Cell: _____
2. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	Home: _____ Cell: _____

Please attach two copies of the child’s original immunization card

One copy to stay with operator and one copy for Niagara Region Public Health

I hereby consent to the disclosure of this information and immunization record to the Medical Officer of Health.

Signature of Parent/Legal Guardian

Date

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 for the purpose of providing services to you under the Vaccine Preventable Disease program and in accordance with the Health Protection and Promotion Act or other applicable legislation. 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.



Great Lakes Christian Preschool

HEALTH HISTORY

Name: _____

In order to ensure the health and safety needs of your child are met, please provide relevant information as outlined below.

<i>Answer yes or no as applicable</i>	<i>Yes - if yes please indicate anything we should know</i>	<i>No</i>
1 Does your child have any chronic disease or illness that may require special medical procedures?		
<p>If your child has a special medical need that is considered chronic (i.e. special medication is needed on site at all times such as a puffer), the supervisor will require a "Child with Special Medical Need" form. This will be provided after initial admission forms are received.</p>		
2 Does your child have any allergies? Please indicate foods, drugs, plant, insects or other substance.		
<p>If your child is anaphylactic, please indicate above and the supervisor will require the "Emergency Anaphylaxis Plan" form. This will be provided after initial admission forms are received.</p>		
3 Does your child require a prescribed drug regularly?		
4 Has your child been hospitalized for surgery or illness?		
5 Are there any special personal or educational needs you would like us to know about your child?		
6 Is there any other health information you would like us to know about your child?		

Sunscreen permission: I give permission for preschool staff to apply sunscreen to my child as needed while they attend Great Lakes. (If you do not give permission and require different arrangements please do not complete this section and speak with staff.)

Initial _____

Parent/Guardian Signature

Date