

# Immunization Data Form (for Child Care Settings)

Please complete sections 1, 2, 3 and 4 (Please PRINT clearly)

Return this form to your child's daycare/nursery school

1.

|                               |                     |  |
|-------------------------------|---------------------|--|
| Child's Last Name:            |                     | First Name:  |
| Date of Birth: Year/Month/Day | Boy ( )<br>Girl ( ) | Child's Ontario Health Card Number:<br>_____ - _____ - _____ |
| Mother's Name:                |                     | Father's Name:   |
| Home Address:                 |                     | Home Address:  |
| City and Postal Code:         |                     | City and Postal Code:  |
| Home Phone: ( ) _____ - _____ |                     | Home Phone: ( ) _____ - _____                                |

2.

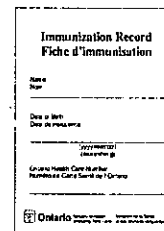
|   |        |
|---|--------|
| Name of Daycare/Nursery School attending:           |        |
| Name of Junior Kindergarten/Kindergarten attending: |        |
| Physician:  | Phone: |

### 3. Immunization History:



Please attach a photocopy of all of your child's records (since birth) to this form

In order to attend Daycare in Wellington-Dufferin-Guelph, you must provide a complete history of your child's immunization to Public Health (Medical Officer of Health). Parents who do not wish their child to be immunized for medical, conscience or religious reasons may obtain an exemption form by contacting their local Public Health office. The Day Nurseries Act, requires that children attending licensed daycare in Ontario have up-to-date immunization against six designated diseases: diphtheria, tetanus, polio, measles, mumps and rubella (German measles).



It is the parent/guardian's responsibility to maintain a record of immunization for their children and inform Wellington-Dufferin-Guelph Public Health as additional immunization is given.

If you are unable to complete this form or cannot locate your child's record, please contact your previous physician or call Public Health for assistance.

4. Date: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

The information on this form is collected under the authority of Health and Promotion Act in accordance with the Municipal Freedom of Information Protection Act and Privacy Act and the Provincial Health Information Protection Act. This information will be used for the delivery of public health programs and services, the administration of the organization, the maintenance of health care databases, registries and related research and compliance with legal and regulatory requirements. Any questions about this collection should be addressed to the Director of Administration.



Wellington-Dufferin-Guelph Public Health  
519.846.2715 1.800.265.7293 www.wdghu.org info@wdghu.org

Fergus  
Fax: 519.846.0323

Guelph  
Fax: 519.836.7215

Orangeville  
Fax: 519.941.1600



**Consent to Disclosure  
of Personal Information**

**Note:** This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

**Applicant Information**

|   |              |        |     |                |                  |                        |                         |
|---|--------------|--------|-----|----------------|------------------|------------------------|-------------------------|
| Surname   |              |        |     | Given Names    |                  |                        |                         |
| Maiden Name or Other Names used (if applicable) |              |        |     | Place of Birth |                  |                        |                         |
| YY  | D.O.B.<br>MM | DD     | Sex | Area           | Telephone (Res.) |                        | Driver's Licence Number |
| Address: Number                                 |              | Street |     | Apt./Unit      |                  | City/Town/Municipality | Postal Code             |

**Previous addresses for the last five years** (If insufficient room, attach a separate sheet.)

| Number | Street | Apt./Unit | City/Town/Municipality | Postal Code | Years at Residence |
|--------|--------|-----------|------------------------|-------------|--------------------|
|        |        |           |                        |             |                    |
|        |        |           |                        |             |                    |
|        |        |           |                        |             |                    |
|        |        |           |                        |             |                    |
|        |        |           |                        |             |                    |

**(Please read carefully.)**

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the *Freedom of Information and Protection of Privacy Act*.

|                      |       |
|----------------------|-------|
| Name                 | Title |
| Name of Organization |       |

The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

|   |       |
|---|-------|
| Description of the paid or volunteer position:            |       |
| Name of the person or organization:                       | Title |
| Details regarding the child(ren) or vulnerable person(s): |       |

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

### Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the OPP.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Organization Witness

\_\_\_\_\_  
Identification verified by

**STAMP OF ORGANIZATION**

|  |
|--|
|  |
|--|

---

### Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only and having a birth date as provided above.

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject.

\_\_\_\_\_  
OPP AUTHORIZING SIGNATURE