

## PUBLIC HEALTH

### DR. VALERIE JAEGER

Medical Officer of Health

#### Main Office

1815 Sir Isaac Brock Way, Campbell East  
Thorold, ON  
Phone: 905-688-3762  
1-800-263-7248  
Fax: 905-682-3901

#### Mailing Address:

P.O. Box 1052, Station Main  
Thorold, ON L2V 0A2

#### Branch Offices

##### □ Niagara Falls

5710 Kitchener Street  
Niagara Falls, ON L2G 1C1  
Phone: 905-356-1538  
Fax: 905-356-7377  
□ Sexual Health Centre  
Phone: 905-358-3636  
Fax: 905-358-2717

##### □ Welland

200 Division Street  
Welland, ON L3B 4A2  
Phone: 905-735-5697  
Fax: 905-735-4895  
□ Sexual Health Centre  
Phone: 905-734-1014  
Fax: 905-734-1770

##### □ Fort Erie

1264 Garrison Road, Unit 12  
Fort Erie, ON L2A 1P1  
Phone: 905-871-6513  
Fax: 905-871-3020  
□ Sexual Health Centre  
Phone: 905-871-5320  
Fax: 905-871-3333

##### □ St. Catharines Sexual Health Centre

277 Welland Avenue  
St. Catharines, ON L2R 2P7  
Phone: 905-688-3817  
1-800-263-5757  
Fax: 905-688-6063

##### □ Emergency Services Division

509 Glendale Avenue East SS 4  
Niagara on the Lake, ON L0S 1J0  
Phone: 905-984-5050  
Fax: 905-688-5079

##### □ Mental Health

3550 Schmon Parkway  
Unit 2, Second Floor  
PO Box 1042  
Thorold, ON L2V 4T7  
Phone: 905-688-2854  
Fax: 905-684-9798

[www.niagararegion.ca](http://www.niagararegion.ca)

## Please Read This Important Letter

Dear Parent/Legal Guardian:

The **Immunization of School Pupils Act** requires Public Health departments to keep vaccination records on all school children. Niagara Region Public Health (NRPH) requires parents/legal guardians to submit the following information at the time of Junior/Senior kindergarten registration:

1. A fully completed Confidential Student Immunization Form (green form)
2. A legible copy of your child's Immunization Record
3. An original Statement of Conscience and certificate from a completed education session provided by Public Health or a Medical Exemption form, if you decide not to vaccinate your child
4. A copy of your child's birth certificate

Please bring these documents to your child's school. The school will send this information to Public Health on your behalf.

Your child may not have yet received his/her 4-6 year vaccination at the time of JK/SK registration. **When your child does receive their 4-6 year old vaccination, please report it to Public Health.** It is important that Public Health has current records on file to protect children should an outbreak of an infectious disease occur in school.

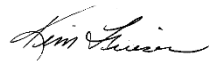
**To update your child's vaccination record, please report online at [www.niagararegion.ca/vaccines](http://www.niagararegion.ca/vaccines) or call 905-688-8248 or 1-888-505-6074 ext. 7425.**

Your child's yellow vaccination card should always be kept in a safe place. The card should be taken to each doctor's appointment so that it can be updated whenever a vaccination is given.

If you need assistance with your child's vaccination record, please call 905-688-8248 ext. 7425 or 1-888-505-6074 and a public health nurse will help you.

Your co-operation in helping us keep our vaccination record system up-to-date is greatly appreciated.

Sincerely,



Kim Friesen, BHA  
Acting Manager, Vaccine Preventable Disease program  
Niagara Region Public Health

## Confidential Student Immunization Form

**This form must be completed by a parent or legal guardian.  
A "legal guardian" is an individual who has been awarded legal guardianship of a child by a court of law.**

Dear Parent/Legal Guardian:

By law, every child who goes to school in Ontario must provide proof of immunization or one of the following:

1. A notarized *Statement of Conscience or Religious Belief* Affidavit (please submit the original document and not a photocopy) and certificate from a completed education session provided by Public Health; or
2. *Statement of Medical Exemption* completed by your doctor

This information is kept on file at Niagara Region Public Health and used in the event of a community outbreak



**Please complete the following steps:**

1. Complete the form below (please print in black or blue ink)
2. Attach a photocopy of your child's immunization record
3. Bring completed form and photocopy of immunization record to the school at the time of registration. The school will send this information to Public Health on your behalf

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

Student name: \_\_\_\_\_  
(Last) (First) (Middle)

Ontario Health Card number             Male  Female  Birthdate: \_\_\_\_\_  
(yy/mm/dd)

Mailing address: \_\_\_\_\_  
(Number) (Street) (Apt. #/Unit /P.O. box)

\_\_\_\_\_

(City) (Postal Code)

Name of school: \_\_\_\_\_ Name of previous school: \_\_\_\_\_

Name(s) of <u>ALL</u> parent(s)/legal guardian(s)	Relationship to child	Contact phone number(s)
1. _____ <span style="margin-left: 100px;">(Last)</span> <span style="margin-left: 100px;">(First)</span>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Cell: _____
2. _____ <span style="margin-left: 100px;">(Last)</span> <span style="margin-left: 100px;">(First)</span>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Cell: _____
3. _____ <span style="margin-left: 100px;">(Last)</span> <span style="margin-left: 100px;">(First)</span>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____	Home: _____ Cell: _____

Signature of one of the above listed parent(s)/legal guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(yy/mm/dd)

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

*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.*