

NOTICE TO PARENTS/GUARDIANS OF NEW STUDENTS

STUDENT'S LAST NAME _____ FIRST NAME _____

OTHER LAST NAMES USED _____

DATE OF BIRTH SEX ____ SCHOOL TO ATTEND _____
YEAR MONTH DAY

NAME AND TOWN OF LAST SCHOOL ATTENDED _____

STUDENT'S ONTARIO HEALTH CARD NUMBER _____

STUDENT'S PRIMARY ADDRESS _____ TOWN _____

POSTAL CODE _____ PHONE NUMBER _____

NAMES OF PARENTS/GUARDIANS 1: _____ 2: _____

SIGNATURE: _____ DATE _____

Dear Parent/Guardian:

Please complete the top of this form and attach a copy of the student's immunization record.

Please return both to the Health Unit's Port Hope office at the address listed below, by mail or fax **(905) 885-5352**. You may also take the form and immunization record to the local office of the Haliburton, Kawartha, Pine Ridge District Health Unit or the student's school.

Under the Immunization of School Pupils Act, the Health Unit must ensure that all students attending school in Haliburton County, Northumberland County and the City of Kawartha Lakes have adequate immunization against nine diseases, or a valid exemption for medical reasons or for reasons of conscience. The nine diseases are diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough) and varicella (chicken pox).

It is the responsibility of the parent/guardian to provide proof of the student's immunization to the Health Unit, as the Act does not require family doctors to provide this information.

If you have already given a record of the student's immunization to another health unit in Ontario, we will use the information on this form to obtain the record. If we cannot locate the record, we will contact you to request the information. For more information or if you have any questions, please call our staff in Immunization Records, at our Port Hope office, toll-free 1-866-888-4577.

By working together, we can attempt to protect your child and other children from vaccine preventable diseases during their school years.

Lynn Noseworthy, MD, MHSc, FRCPC
Medical Officer of Health

CD-102 O 1992-07 R 2016-10 R 2017-12

Any personal and personal health information that you provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit and as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.

PROTECTION · PROMOTION · PREVENTION



HEAD OFFICE
 200 Rose Glen Road
 Port Hope, Ontario L1A 3V6
 Phone · 1-866-888-4577
 Fax · 905-885-9551



HALIBURTON OFFICE
 Box 570
 191 Highland Street, Unit 301
 Haliburton, Ontario K0M 1S0
 Phone · 1-866-888-4577
 Fax · 705-457-1336



LINDSAY OFFICE
 108 Angeline Street South
 Lindsay, Ontario K9V 3L5
 Phone · 1-866-888-4577
 Fax · 705-324-0455