

# School Registration



Public Health Sudbury & Districts

**phsd.ca** • **tel:** 705.522.9200, ext. 458 • **toll-free:** 1.866.522.9200 • **fax:** 705.677.9616

Public Health Sudbury & Districts is required by law to keep an immunization record on every registered child in a school in the area and review it annually. Children must have a complete immunization record or a valid exemption form on file at the Public Health Sudbury & Districts.

## Child information

Name: \_\_\_\_\_ DOB: (Y/M/D) \_\_\_\_\_ Gender: \_\_\_\_\_

Health card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - XX (we do not require the version code)

Street address: \_\_\_\_\_

Mailing address: P.O. Box #: \_\_\_\_\_ R.R. #: \_\_\_\_\_ Site: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Family physician: \_\_\_\_\_ School: \_\_\_\_\_

Is your child registered at the school under a different name?  No  Yes: \_\_\_\_\_

## Parent or legal guardian information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ (work/mobile) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: (home) \_\_\_\_\_  same as above (work/mobile) \_\_\_\_\_

**I hereby consent to the release of immunization records and exemption information for my child to the Medical Officer of Health, Public Health Sudbury & Districts.**

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for protecting your child's health and the health of your community by immunizing your child. Knowing your child's immunizations allows the Public Health Sudbury & Districts to respond to any infectious disease risk or outbreak at your child's school. Having your child's immunization records on file is important in ensuring that your child's immunizations are up-to-date. This is also required by law for your child to attend school.

You may report your child's immunizations by using one of the following methods:

1. Using our online tool at **www.phsd.ca** accessed through the features and services section.
2. Attaching a copy of the immunization record to this form and **faxing** to 705.677.9616
3. Attaching a copy of the immunization record to this form and **mailing** to:  
Immunization Team  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3

If you require further assistance, please contact the immunization team at 705.522.9200 ext 458.

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c. H.7; The Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly the Health Disciplines Act); the Child Care Early Years Act, 2014; the Regulated Health Professions Act, 1991, S.O. 1991, C.18; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c. 3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information and Privacy Officer at 705.522.9200.