



IMMUNIZATION AGREEMENT

Child Care Services

T: 250-370-4880 F: 250-370-4888

E: childcare@camosun.ca

Complete and return to your Centre.

Child's Name	Child's Birthdate
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In support of Public Health measures and ongoing prevention, CCS encourages vaccinations in all children and staff.

I have chosen not to immunize my child.

I am pursuing immunizations for my child.

I understand and agree to keep my child at home during illnesses that are identified by Public Health as being a risk to children.

I also understand that I will be required to take my child to a health practitioner for assessment when symptoms displayed may be those of illnesses which my child has not been immunized against. A health practitioner's note stating that my child is not contagious will be required to return to the centre.

Parent/Guardian Name	Signature	Date
Witness Name	Signature	Date

Office Use Only

Manager

Sr Educator

Original in Child's File