



CHILD CARE SERVICES

Immunization Agreement

As my child, _____, is unable to have all their immunizations at this time, 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 the doctor for assessment when symptoms displayed may be those of illnesses which my child has not been immunized against. A doctor's note stating that my child is not contagious will be required to return to the center.

Signature: _____

Witness: _____

Date: _____

OFFICE USE ONLY	
_____	_____
<i>(Center)</i>	<i>(Start Date)</i>

<i>(Senior Educator)</i>	