



# IMMUNIZATION AGREEMENT

## Child Care Services

4461 Interurban Road

Victoria, BC V9E 2C1

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

E: [childcare@camosun.bc.ca](mailto:childcare@camosun.bc.ca)

[www.camosun.ca/childcare](http://www.camosun.ca/childcare)

*Please complete and return to your Sr. Educator.*

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.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_  
*(Center)*

\_\_\_\_\_  
*(Start Date)*

\_\_\_\_\_  
*(Senior Educator)*

\_\_\_\_\_  
*(Manager)*