



Haliburton, Kawartha, Pine Ridge District

# Health Unit

## 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 \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Dear Parent/Guardian:

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

Please return it 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.

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 six diseases, or a valid exemption for medical reasons or for reasons of conscience. The six diseases are diphtheria, tetanus, polio, measles, mumps and rubella.

**It is up to 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 find the record, we will contact you for 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 communicable disease during their school years.

**A. Lynn Noseworthy, MD, MHS, FRCPC  
Medical Officer of Health**

CD-102 O:1992-07 R:2008-08 R:2010-10

Personal health information on this form is collected under the authority of 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, and will be used for assessment, management, treatment and reporting purposes. Questions about this collection should be addressed to the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 (905) 885-9100, or toll free at 1-866-888-4577.

### YOUR HEALTH PARTNER FOR LIFE!

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**MAIN OFFICE**  
200 Rose Glen Road  
Port Hope, Ontario L1A 3V6  
(905) 885-9100  
Fax: (905) 885-9551

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**BRIGHTON**  
Box 127  
35 Alice Street  
Brighton, Ontario K0K 1H0  
(613) 475-0933  
Fax: (613) 475-1455

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**CAMPBELLFORD**  
Box 449  
22 Doxsee Avenue South  
Campbellford, Ontario K0L 1L0  
(705) 653-1550  
Fax: (705) 653-3114

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**HALIBURTON**  
Box 570  
191 Highland Street, Unit 301  
Haliburton, Ontario K0M 1S0  
(705) 457-1391  
Fax: (705) 457-1336

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**LINDSAY**  
108 Angeline Street South  
Lindsay, Ontario K9V 3L5  
(705) 324-3569  
Fax: (705) 324-0455