

# Student Immunization Information Form



Is your child registering for Kindergarten or new to Waterloo Region?

Public Health requires **ALL** of your child's immunization information.

**You may submit records:**

- Online: [www.regionofwaterloo.ca/ivpd](http://www.regionofwaterloo.ca/ivpd)
- By mail: fill in the bottom of this form and attach a photocopy of **all your child's immunization dates (since birth)** and mail them in a sealed envelope to:

Region of Waterloo Public Health  
99 Regina Street South, Waterloo, ON N2J 4V3

When your child receives immunizations in the future, please report them to Region of Waterloo Public Health by calling 519-575-4400 ext. 5001 or by using the website listed above.

If you are unable to complete this form or need assistance, please contact Immunization Services at Region of Waterloo Public Health by calling 519-575-4400 ext. 5001.

**For information about Public Health's privacy practices please visit:**  
[www.regionofwaterloo.ca/PersonalHealthPrivacy](http://www.regionofwaterloo.ca/PersonalHealthPrivacy) or call 519-575-4400 ext. 5861.

Child's last name:	Child's first name:	Middle name:
Date of birth: ____ / ____ / ____ (YYYY/MM/DD)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Name of parent/guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		Name of parent/guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Child's primary address:		
City:	Postal code:	Home phone:

**School information:**

Name of school registered to attend:
Name and city of previous school (if applicable):

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