



Sudbury & District

Registration Form

The Sudbury & District Health Unit is required by law to keep an immunization record on every school-aged/daycare child in the area.

Health Unit
Service de
santé publique

*Make it a
Healthy
Day!*

*Vivez Santé
dès
aujourd'hui!*

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c. H.7: The Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly the Health Disciplines Act); the Immunization of School Pupils Act, R.S.O. 1990, c. I.1; the Regulated Health Professions Act, 1991, S.O. 1991, C.18; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c. 3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information and Privacy Officer at (705) 522-9200.

AS A PARENT, IT IS YOUR RESPONSIBILITY TO PROVIDE THE HEALTH UNIT WITH A COMPLETE RECORD OF YOUR CHILD'S IMMUNIZATIONS.

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☎ : 705.522.9200
☎ : 705.522.5182

Rainbow Centre
40 rue Elm Street
Unit / Unité 109
Sudbury ON P3C 1S8
☎ : 705.522.9200
☎ : 705.677.9611

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
☎ : 705.860.9200
☎ : 705.864.0820

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
☎ : 705.222.9202
☎ : 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☎ : 705.370.9200
☎ : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☎ : 705.222.9201
☎ : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

To be completed:

Name: _____ Date of Birth: _____ Sex: M F

Street Address: _____

Mailing Address: P.O. Box # _____ R.R.# _____ Site: _____ Apt # _____

City/Town _____ Postal Code: _____

Parent's Name: _____

Telephone (home): _____ (work): _____

School/Daycare: _____ Family Doctor: _____

If your child was registered under another name, please enter: _____

Please attach a photocopy of the immunization record to this form and return it to the Sudbury & District Health Unit.

If immunization records are required from a health unit out of this area, please complete the following section:

Name of previous school or daycare and city and province: _____

I hereby consent to the release of immunization records and exemption information for my child to the Medical Officer of Health, Sudbury & District Health Unit.

Date: _____

Parent's Signature: _____

If you have any questions about this form, please call the Immunization Team at (705) 522-9200, ext. 458. Fax: (705) 677-9616.

Please return this form to: **Immunization Team**
Sudbury & District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

*An Accredited Teaching Health Unit
Centre agréé d'enseignement en santé*