Knox Christian School STUDENT ENROLMENT

410 North Scugog Court Bowmanville, ON L1C 6T1 905-623-5871

STUDENT MEDICAL INFORMATION			
Name (First, Middle) (Last)		Date of Birth	Registering for Grade
Ontario Health Card # (include letters)		Expiry Date	Gender
Student's Doctor		Doctor Telephone #	Citizenship
Has the student been diagnosed with allergies?	🗆 No 🗔 Yes	If yes, please describe below:	
Does the student require an EPI-PEN?	🗆 No 🗖 Yes		
Has the student been diagnosed with asthma?	🗆 No 🗅 Yes		
Does the student take any medication regularly?	🗆 No 🗆 Yes	Name of medication(s)	
Are there any other medical conditions that we need to be aware of?			
STUDENT ACADEMIC HISTORY **	[?] Please attach t	he latest report card or transcr	ipt**
	[?] Please attach t		ipt**
School Previously Attended (if applicable)	^e Please attach t	he latest report card or transcr	ipt**
	[?] Please attach t		pt**
School Previously Attended (if applicable)	Please attach t	School Address	ipt**
School Previously Attended (if applicable) School Phone Number	• No • Yes	School Address	ipt**
School Previously Attended (if applicable) School Phone Number Does this student have an IEP?	• No • Yes	School Address Current Grade	ipt**
School Previously Attended (if applicable) School Phone Number Does this student have an IEP?	• No • Yes	School Address Current Grade	ipt**
School Previously Attended (if applicable) School Phone Number Does this student have an IEP?	• No • Yes	School Address Current Grade	pt**
School Previously Attended (if applicable) School Phone Number Does this student have an IEP?	□ No □ Yes □ No □ Yes	School Address Current Grade If yes, describe:	ipt**
School Previously Attended (if applicable) School Phone Number Does this student have an IEP? Are there any special educational needs?	□ No □ Yes □ No □ Yes	School Address Current Grade If yes, describe:	



Immunization Information Request

For junior kindergarten and new student registrations

Parents: Complete this form and submit your child's immunization record

If you would like to submit the record online:

 Visit<u>Immunizations and Vaccines</u>, and go to "Report your child's immunizations". Follow the steps to submit the record online.

If you are submitting a paper copy to the school:

- Please ensure you are submitting a complete and up-to-date immunization record. If immunizations are missing from your child's immunization record, please get an updated one from your healthcare provider.
- Make sure all the vaccine dates and names are clearly visible and your child's name and birthdate is on each page

Student's Information

Cell Phone:

Legal First Name:			Legal La	st Name:			
Alternate First Name:			Alternate	Last Name			
Birthdate (yyyy-mm-dd)	:		Gender:	□ Male	Female	□ Other	
School:							
Health Card Number:			(to view or submit immunizations online)				
Student's Address							
Unit Number:	Street Number:	Stre	et Name:				
Rural Route:	Postal Code:	City:					
Legal Guardian's Inform	nation						
First Name : Cell Phone:	Last Name: Home Phone: _			Relation Workpla	ship: ce:		
Alternate Guardian's Inf	formation						
First Name ·	Last Name [.]			Relation	ship:		

We collect, use and release your personal information under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and under the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, keeping records and reporting on the immunization status of children going to schools in the province of Ontario. Information collected is maintained electronically in a provincial immunization information system. Questions about this collection of information should be sent to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.

Workplace:

Home Phone:



Immunization requirements for attending Ontario schools

In accordance with the *Immunization of School Pupil's Act, R.S.O. 1990*; students under 18 years of age attending school in Ontario are required to provide proof of immunization against: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal and varicella. Varicella is only required for students born in 2010 or later. Exemptions may be granted for medical reasons or philosophical reasons (i.e. conscience or religious belief). Please visit our website <u>Durham.ca</u> (www.durham.ca/immunize) for more information.

The Durham Region Health Department keeps immunization records of children attending school to make sure they are up-to-date according to age and schedule. During the school year, students who are missing required immunizations will receive a notice from Durham Region Health Department asking you to update this information.

Vaccinate...Then Update!

Visit <u>Durham.ca</u> (www.durham.ca/immunize) to report and view your child's immunizations online.

Every time your child receives an immunization, submit the updated immunization record to the Health Department.

Stick to the Schedule!

It's important to follow Ontario's recommended immunization schedule to keep your child protected. Some required immunizations may not be valid when they are given too early, or too close to one another. Ontario's immunization schedule is available at www.Ontario.ca/page/vaccines