

## RIVERSIDE PARK NURSERY SCHOOL IMMUNIZATION INFORMATION FORM

Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

OHIP #: \_\_\_\_\_

### Parent/Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Parent/Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Copy of Child's Immunization Record provided to RPNS:        yes \_\_\_ no \_\_\_

Immunization Record provided online to Ottawa Public Health:    yes \_\_\_ no \_\_\_

Online at [www.parentinginottawa.ca/immunization](http://www.parentinginottawa.ca/immunization) or [www.canimmunize.ca](http://www.canimmunize.ca)