

IMMUNIZATION AGREEMENT

Child Care Services

T: 2503704880 F: 2503704888 E: childcare@camosuma

Completeand return to your Centre

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In support of Public Health measures aunugoing preve	entionCC&ncouragesvaccinations	in all children and staff.
I have chosen not to immunize my child.		
I am pursuing immunizations for my child.		
I understand and agree to keep my child at home during illnesses that are identifeedblig Health		
as being a risk to children.		
I also understand that I will be required to take my child to		
	Signature	Date