Kindergarten Health Day Circuit Registration Form

northern health
the northern way of caring

Instructions: DO NOT take this form home. Please fill in as much as possible and leave the form with the school secretary today!

School Name: _____ Registration Date: _____

Part 1: Child's Information

Child's Name: _____ Date of Birth: _____
Last Name First Initial Y M D

Primary Res.: _____ City/Town: _____

Mailing Address: _____ Postal Code: _____ CareCard #: _____

Home Phone: _____ Day Phone: _____ Family Dr.: _____

Part 2: Family Information

Please list other last names that you or your family may have used: _____

Primary Caregiver: _____ Care Card #: _____
Last Name First

Relationship to child: _____ Address: _____ Date of Birth: _____
ie: Mother, Father, Guardian Y M D

Secondary Caregiver: _____ Care Card #: _____
Last Name First

Relationship to child: _____ Address: _____ Date of Birth: _____
ie: Mother, Father, Guardian Y M D

Part 3: Immunizations and Records

Has your child ever received immunizations **outside of Prince George**? If Yes, where? _____

Has your child ever received immunizations **in another province**? If Yes, which one? _____

Name of Doctor or Health Unit where previous immunizations were done: _____

Contact information: _____ Phone #: _____

Please give names of younger siblings so that records can be requested for them as well:

Name: _____ Date of Birth: _____ Y M D

Name: _____ Date of Birth: _____ Y M D

Name: _____ Date of Birth: _____ Y M D

If you child was immunized **outside of British Columbia**:

I, _____ give my permission for _____
(Parent/Guardian) (Dr. office or Health Unit)

to release immunization information for my child(ren) to the Northern Interior Health Unit.

Date: _____ Signature: _____

Parent: Return completed form to School Secretary	Secretary: Place completed form in School Nurse's Box

Northern Interior Health Unit, 1444 Edmonton St, Prince George, BC V2M 6W5
Telephone: 250-645-8983
Fax: 250-645-8971