

# Kindergarten Health Day Circuit Registration Form



**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: \_\_\_\_\_ 2021

## 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 your 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**