

To: Whom It May Concern

Re: My Non-immunized Child

We, _____ and _____ have chosen **NOT** to have our (my) child, _____, immunized against communicable diseases. We understand that if any child in the program/school contracts a communicable disease or comes in contact with a communicable disease, **our child may be excluded** from participating in the program/school during the course of the disease. The Medical Health Officer of the North Shore, Vancouver Coastal Health will determine the length of the exclusion case-by-case basis. Some examples of communicable diseases are measles, mumps, rubella, diphtheria, pertussis (whooping cough), tetanus, polio or meningitis.

Signature: _____ Mother

Date: _____

_____ Father

Date. _____

Please contact the Communicable Disease Control Section of North Shore, Vancouver Coastal Health at 604-983-6700 if you have further questions.

North Shore Health Service Delivery Area
Vancouver Coastal Health
6th Floor, 132 West Esplanade
North Vancouver, B.C.
Tel: 604-983-6700
Fax: 604-983-6883

W: CCFL / Health Information / Non-Immunized child (June 17, 2004)