

# Children attending Child Care

## Instruction Form: Statement of Conscience or Religious Belief Child Care and Early Years Act 2014



Dear Parent/Guardian,

This instruction form and the Affidavit (Statement of Conscience or Religious Belief, Child Care and Early Years Act 2014) must be completed and submitted to Ottawa Public Health (OPH). Please be advised that OPH may order the exclusion of this child from attending a child care center in the event of an outbreak related to a vaccine preventable disease until the risk related to the outbreak has ended. The affidavit is valid until the child attends school or the affidavit is withdrawn by the child's parent/guardian. We recommend that you keep the original for your records and submit a copy to OPH.

### Section A - Information on completing the Affidavit

### Section B - Complete and submit with the signed Affidavit by mail or fax to Ottawa Public Health:

- Mail: Vaccine Preventable Diseases Program, 100 Constellation Drive, Ottawa ON K2G 6J8, Mail Code 26-44
- Fax: 613-580-9660

### SECTION A:

The Affidavit must be signed by the parent/guardian in the presence of an Ontario Commissioner for Taking Affidavits. The Commissioner must print their name, full address, telephone number, title and seal, if available. Lawyers must also print their law society number on the form.

### The following qualify as a Commissioner for Taking Affidavits:

- Member of Provincial Parliament
- Provincial Judge
- Justice of the Peace
- Clerk, Deputy Clerk or Treasurer of Local Municipalities in which their local municipality is situated
- Head of Municipal Council in which their local municipality is situated
- Member of City Council (reeves) in which their local municipality is situated
- Notary Public
- Barristers and solicitors entitled to practice law in Ontario
- Any individual who is empowered by the Lieutenant Governor to be a commissioner (a stamp is required for these individuals)

### SECTION B:

### Place a check mark beside each vaccine that you wish the affidavit to be applied to:

- |                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles   | <input type="checkbox"/> Haemophilus influenza type b |
| <input type="checkbox"/> Pertussis  | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Meningococcal Conjugate C    |
| <input type="checkbox"/> Tetanus    | <input type="checkbox"/> Rubella   | <input type="checkbox"/> Pneumococcal Conjugate       |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Varicella | <input type="checkbox"/> Rotavirus                    |

Name of Child: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Name of child care centre in attendance: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name (PRINT): \_\_\_\_\_ Phone number: \_\_\_\_\_

Immunization information is collected by Ottawa Public Health for the purpose of maintaining an immunization record pursuant to O. Reg. 137/15 subsection 35(1) under the Child Care and Early Years Act, 2014. Questions regarding this collection and use of personal health information may be directed to the Supervisor, Data Management Team, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744, or by e-mail at [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca).

