

Dear Parent/Legal Guardian,

Under the *Child Care and Early Years Act* (CCEYA), all children need to be immunized as required by the local Medical Officer of Health. Immunization provides protection from many serious diseases that are easily spread in places like childcare settings.

If you decide you do not want to vaccinate your child with any of the publicly funded vaccines, please complete the *Statement of Conscience or Religious Belief, Child Care and Early Years Act*. This declaration must be sworn as an affidavit before an Ontario Commissioner for Taking Affidavits. If you wish to exempt your child from only a **specific** vaccine (but continue to receive others), please complete the *Statement of Conscience or Religious Belief, Child Care and Early Years Act*, **and** the portion of this letter, titled Partial Exemption Request.

Under the *Commissioners for Taking Affidavits Act*, persons authorized to sign affidavits for exemptions include:

- Members of the Assembly;
- Judges of the Court of Appeal for Ontario, the Superior Court of Justice, and the Ontario Court of Justice;
- Justices of the peace;
- Barristers and solicitors entitled to practice law in Ontario;
- Licensed Paralegals;
- Clerks, deputy clerks, treasurers, and deputy treasurers of local municipalities;
- Administrative heads and deputy administrative heads of departments responsible for building standards, welfare, assessment or planning;
- Heads of municipal councils, members of councils of lower-tier municipalities who are members of the council of an upper-tier municipality and members of councils of municipalities that have a population of at least 15,000;
- Persons licensed under the Law Society Act to provide legal services in Ontario.

The Commissioner for Taking Affidavits must be identified by printing their name (lawyers must provide their law society number), full address, telephone number, title and seal (if available).

Please return a copy of the Affidavit and this letter to the childcare centre. Please keep the original copy for your records.

Childcare Immunization Exemption Request

Child's Name (*First & Last*) _____ Date of Birth (*day/month/year*) _____

Full Exemption Request

I wish for my child to be exempted from all immunizations.

Partial Exemption Request

Check each vaccine that you do **NOT** wish your child to receive.

Diphtheria

Measles

Pertussis

Mumps

Tetanus

Rubella

Polio

Meningococcal Disease

Hib (*haemophilus influenzae b*)

Varicella (*chicken pox*)

Pneumococcal Disease

Please note: This exemption form only applies while the child attends childcare. The *Immunization of School Pupils Act* (ISPA) requires an exemption form and education session be completed once the child is enrolled in school.

Parent/Legal Guardian Name (*please print*) _____

Parent/Legal Guardian Signature
(*must match affidavit attached*) _____

Date (*day/month/year*) _____