

Child Care Immunization Waiver / Declination Form

For British Columbia Child Care Records

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Immunization Declaration

I/We, the undersigned parent(s) or legal guardian(s) of the above-named child, acknowledge that routine childhood immunizations are recommended by public health authorities, including Interior Health and the Province of British Columbia.

At this time, I/we choose to decline or waive some or all recommended immunizations for my/our child.

I/We understand and acknowledge the following:

1. My/our child may be excluded from childcare during outbreaks of vaccine-preventable diseases as directed by public health authorities.
2. Declining immunizations may increase the risk of my/our child contracting or spreading vaccine-preventable illnesses.
3. This waiver does not exempt my/our child from any public health orders or communicable disease requirements issued by health authorities.
4. I/We release the childcare facility from liability related to vaccine-preventable illness resulting from this decision, except where prohibited by law.
5. I/We understand that this form may be kept in my/our child's childcare file for licensing and health record purposes.

Parent / Guardian Signature

Parent/Guardian Name: _____

Signature: _____

Date: _____

Second Parent/Guardian (if applicable): _____

Signature: _____

Date: _____