

MEDICATION

ALLERGIES

THERAPEUTIC DIET (FOR REASONS OF HEALTH, RELIGION, ETHNICITY): _____

SPECIAL INSTRUCTIONS FROM PARENT OR HEALTH CARE PROFESSIONAL: (ATTACH DOCUMENTATION)

CUSTODY ORDERS

YES

NO

(ATTACH DOCUMENTATION)

INDICATE ANY *ILLNESS* OR *MEDICAL DISABILITIES* YOUR CHILD HAS (GIVE DATES):

BASIC IMMUNIZATION SCHEDULE – VANCOUVER ISLAND HEALTH AUTHORITY – SOUTH

	1 ST visit @2 mo.	2 ND visit 2 mo. After 1 st	3 RD visit 2 mo. After 2 nd	4 TH visit 12 mo. of age	5 TH visit 12 mo. after 3rd	4 – 6 YEARS	GRADE 6	GRADE 9	GRADE 12
Indicate Date Immunizations Received→									
Diphtheria	*	*	*		*	*		*	
Pertussis	*	*	*		*	*		*	
Tetanus	*	*	*		*	*		*	
Poliomyelitis	*	*	*		*	*			
HIB (1)	*	*	*		*				
Hepatitis B	*(2)	*(2)	*(2)				** (3)		
Pneumococcal Conjugate	*(4)	*(4)	*(4)		*(4)				
Measles/Mumps/Rubella				*	*				
Meningococcal C Conjugate	*(5)			*(5)			*(7)	*(7)	*(7)
Varicella (Chickenpox)				*(8)		*(9)	*(9)		

- HIB protects against Haemophilus influenza B which may cause meningitis.
- Hepatitis B immunization program for children born on or after January 1, 2001.
- Grade 6 Hepatitis B for children who were not previously immunized.
- Pneumococcal Conjugate for children born on or after July 1, 2003.
- Meningococcal C Conjugate:
 - for children born on or after April 1, 2005 one dose at 2 months of age and one dose at 1 year of age
 - for children born on or after July 1, 2002 one dose at 12 months
- All First Nations children, ages 2-59 months, should receive an age-appropriate series of Pneumococcal Conjugate vaccine
- Grade 6 and Grade 9 Meningococcal C:
 - for children who were not previously immunized.
- Varicella (Chickenpox) for children, born on or after January 1, 2004, who have not had chickenpox disease, shingles, or previous dose of Varicella vaccine.
- Varicella (Chickenpox) for children who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT'S SIGNATURE

DATE