

Main Office - Belleville

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T: 613-966-5500 | 1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
www.hpepublichealth.ca

Date: _____

Dear Parent/Guardian of _____
name of child date of birth (yr/mm/dd)

Please find attached the “Statement of Conscience or Religious Belief” Child Care and Early Years Act, 2014 that you have requested. In order for this form to be declared as an Affidavit, it must be sworn and signed before an Ontario Commissioner.

For this Statement of Conscience or Religious Belief to be valid:

- The Commissioner for Taking Affidavits must be identified by printing his/her name (lawyers – print law society number), full address, telephone number, title, and seal if available.
- The Affidavit must be an original (a fax or photocopy will not be accepted).

Please be advised that if you move to another public health area at a future date, you may be required to complete another Affidavit for that public health office.

Indicate below the vaccines that you wish to include in this Affidavit. Ensure you include your full address, city, postal code and phone number.

Return this letter completed, along with the original signed Affidavit, to **Hastings Prince Edward Public Health**. **Please do not take the forms to the child care centre.**

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

I have read the attached Affidavit and understand that my child may be excluded from daycare in the event of an outbreak.

Date _____ Signature _____

Parent/Guardian Name (please print) _____

Address _____

Telephone Home/Mobile _____

Sincerely,



Bill Sherlock, RN, BScN
 Program Manager, Health Protection Department

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