



# Perth District Health Unit

653 West Gore St., Stratford, ON N5A 1L4  
Tel: 519-271-7600/Fax: 519-271-2785  
www.pdhu.on.ca

Dear Parent/Guardian:

Under the *Child Care and Early Years Act* (CCEYA), all children and staff need to be immunized as recommended by the local medical officer of health. Immunization provides protection from many serious diseases that are easily spread in places like the child care setting.

- 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 for Child Affidavit*.
- 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 for Child Affidavit*, and the bottom portion of this letter, titled Partial Exemption Request.

**Statement of Conscience or Religious Belief Affidavit.** This declaration must be sworn as an affidavit before an Ontario Commissioner for Taking Affidavits.

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

1. Members of the Assembly;
2. Judges of the Court of Appeal for Ontario, the Superior Court of Justice, and the Ontario Court of Justice;
3. Justices of the peace;
4. Barristers and solicitors entitled to practice law in Ontario;
5. Licensed Paralegals;
6. Clerks, deputy clerks, treasurers, and deputy treasurers of local municipalities;
7. Administrative heads and deputy administrative heads of departments responsible for building standards, welfare, assessment or planning;
8. 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.
9. Persons licensed under the *Law Society Act* to provide legal services in Ontario.

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

Be advised that, if you move to a child care centre served by a different public health agency, you may be required to complete another affidavit at that time.

## Partial Exemption Request

Place a check mark beside each vaccine that you do **NOT** wish your child to receive. Please return this letter, with the original signed affidavit, to the child care centre.

<input type="checkbox"/> <b>Pediacel</b> - diphtheria, tetanus, acellular pertussis, inactivated poliovirus, Haemophilus influenzae type b	<input type="checkbox"/> <b>Varivax III or Varilrix</b> varicella (chicken pox)
<input type="checkbox"/> <b>Prevnar13</b> pneumococcal conjugate	<input type="checkbox"/> <b>Priorix or M-M-R II</b> measles, mumps, and rubella
	<input type="checkbox"/> <b>Menjugate</b> meningococcal group C

_____	_____	____/____/____	Male / Female
Child's Last Name	Child's First Name	Date of Birth	please circle
		Year/Month/Day	
_____	_____	_____	
Parent Name (printed)	Parent signature	Date	
	(must match affidavit attached)		