



PRAIRIE MOUNTAIN HEALTH

Authorization for Release of Information to Public Health

Dear Parent/Guardian,

Please complete this form and return as directed below.

I, _____, hereby authorize the Public Health Nurse to access my
(Name of Parent/Guardian)

child/children's immunization record/s, for the purpose of obtaining their immunization history and offering recommended vaccines.

Student's Name	Date of Birth	Personal Health Information Number (PHIN)	School Attending	Grade

Parent/Guardian Names: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Name, Phone Number and Address of School Transferred From or Previously Attended:

If from out of province, please include a copy of your child's immunization record if possible.

NOTE: If your child has received immunizations from the local Public Health Nurse in the community where your child is attending school, you can disregard this letter.

(Parent/Guardian Signature)

(Date)

Please fax or mail this completed form and immunization record if available to:

Prairie Mountain Health Immunization Coordinator
Fax: (204) 522-8559

Mail: Box 459
Melita Health Centre
Melita, MB R0M 1L0