

This form is required to be completed in the event of a parent/carer being unable to provide the service with a complete vaccination/immunisation record. If an outbreak of a communicable disease for which there is no evidence of vaccination/immunisation occurs, the parent/carer will be required to remove the child immediately from the service to protect the child and to prevent further spread of the disease.

AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER

The Australian Childhood Immunisation Register records a child's immunisation history and provides an immunisation history statement to their parent or guardian. This statement can be used by parents and guardians to help them keep track of their child's immunisations and as proof of immunisation for childcare and school enrolments.

You can get a copy of your child's immunisation details at any time:

- through your Medicare online accounts (www.my.gov.au) or Medicare Express App
- by requesting a statement to be sent in the mail
- at your local service centre
- by calling the Immunisation Register on 1800 653 809

Immunisation history statements are only available online, through the Medicare Express App or at a service centre if your child is under 14 years of age. Call the Immunisation Register if your child is 14 years or older.

PARENT/CARER DETAILS

Surname: _____

Given name/s: _____

Relationship to children: _____

CHILD/REN'S FULL NAMES

Child One: _____

Date of Birth: _____

Child Two: _____

Date of Birth: _____

Child Three: _____

Date of Birth: _____

Child Four: _____

Date of Birth: _____

I have either:

- been unable to supply evidence to the service that my child/ren have been fully vaccinated/immunised, or
- made a conscientious objection to vaccinating/immunising my child/ren.

I agree I have read, completed and understood the Child Enrolment Form provided to me by this service. I understand that evidence in the "Medical Information" section of that form is essential to allow the service to provide a high standard of care for all children in a healthy environment. I also agree and recognize there may be a period of time when I must withdraw my child/children from the service for my child/ren's benefit and for health reasons.

Parent/Carer Signature: _____

Date: _____

Coordinator/Director Signature: _____

Date: _____