

Child Care Discharges

(Children No Longer Attending Your Child Care Facility)

Name of Child Care Centre: _____ Phone Number: _____

Date Sent to KFL&A Public Health: _____

Name of Child	Date of Birth	Date Withdrawn from Program

Please send this completed form by mail or fax to the KFL&A Public Health Immunization Team on a monthly basis, when applicable.

Immunization Team
KFL&A Public Health
221 Portsmouth Avenue
Kingston, ON K7M 1V5
Fax: 613-549-0985

