 **Day Nursery Admission/Discharge Form**

**Date (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Name, Site Address, Phone, Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Child’s Last Name: |  | Child’s Last Name: |
| Child’s First Name: |  | Child’s First Name: |
| Date of Birth: yyyy / mm /dd  M  F |  | Date of Birth: yyyy / mm /dd  M  F |
| Admit / Discharge (please circle) |  | Admit / Discharge (please circle) |
| Day Nursery Immunization History form and current copy of immunization record attached with admission |  | Day Nursery Immunization History form and current copy of immunization record attached with admission |

|  |  |  |
| --- | --- | --- |
| Child’s Last Name: |  | Child’s Last Name: |
| Child’s First Name: |  | Child’s First Name: |
| Date of Birth: yyyy / mm /dd  M  F |  | Date of Birth: yyyy / mm /dd  M  F |
| Admit / Discharge (please circle) |  | Admit / Discharge (please circle) |
| Day Nursery Immunization History form and current copy of immunization record attached with admission |  | Day Nursery Immunization History form and current copy of immunization record attached with admission |

|  |  |  |
| --- | --- | --- |
| Child’s Last Name: |  | Child’s Last Name: |
| Child’s First Name: |  | Child’s First Name: |
| Date of Birth: yyyy / mm /dd  M  F |  | Date of Birth: yyyy /mm /dd  M  F |
| Admit / Discharge (please circle) |  | Admit / Discharge (please circle) |
| Day Nursery Immunization History form and current copy of immunization record attached with admission |  | Day Nursery Immunization History form and current copy of immunization record attached with admission |

|  |  |  |
| --- | --- | --- |
| Child’s Last Name: |  | Child’s Last Name: |
| Child’s First Name: |  | Child’s First Name: |
| Date of Birth: yyyy / mm /dd  M  F |  | Date of Birth: yyyy / mm /dd  M  F |
| Admit / Discharge (please circle) |  | Admit / Discharge (please circle) |
| Day Nursery Immunization History form and current copy of immunization record attached with admission |  | Day Nursery Immunization History form and current copy of immunization record attached with admission |

Please forward to:

**Simcoe Muskoka District Health Unit**

**15 Sperling Drive, Barrie, ON L4M 6K9**

TEL: 705-721-7520 1-877-721-7520

FAX: 705-721-1495

**For Health Unit Use only:** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_