simcoe muskoka DISTRICT HEALTH UNIT

Child Care Admission/Discharge Form (School Age Child Care)

Date (yyyy/mm/dd): ______________________________

Facility Name and Site Address: ______________________________

Phone # and Email Address: ______________________________

Name of Supervisor: ______________________________

Child's Legal Name:	Child's Legal Name:
Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O	Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O
Parent's Name:	Parent's Name:
Mailing Address & Postal Code:	Mailing Address & Postal Code:
Phone Number:	Phone Number:
Admit / Discharge (please circle) Date: ______________	Admit / Discharge (please circle) Date: ______________

Child's Legal Name:	Child's Legal Name:
Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O	Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O
Parent's Name:	Parent's Name:
Mailing Address & Postal Code:	Mailing Address & Postal Code:
Phone Number:	Phone Number:
Admit / Discharge (please circle) Date: ______________	Admit / Discharge (please circle) Date: ______________

Child's Legal Name:	Child's Legal Name:
Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O	Date of Birth: yyyy / mm /dd ☐ M ☐ F ☐ O
Parent's Name:	Parent's Name:
Mailing Address & Postal Code:	Mailing Address & Postal Code:
Phone Number:	Phone Number:
Admit / Discharge (please circle) Date: ______________	Admit / Discharge (please circle) Date: ______________

Please forward to:
Simcoe Muskoka District Health Unit
Attention: VPD Child Care Surveillance
2-5 Pineridge Gate, Gravenhurst, ON P1P 1Z3
TEL: 705-721-7520 1-877-721-7520 ext. 8807
FAX: 705-684-9959

For Health Unit Use only: Date Received: ______________ Date Entered: ______________
Panorama Cohort ID: ______________ Entered by: ______________