

# Exploring the Puddle

Early Learning Centre

Appendix 3.1

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*I have chosen to halt or refrain from inoculations for my child. I understand that my child may be sent home from the centre should an outbreak occur of the following illnesses:*

- *Diphtheria*
- *Whooping Cough (Pertussis)*
- *Measles*
- *Rubella*
- *Tetanus*
- *Polio*
- *Mumps*
- *Meningitis caused by influenza type B*

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Exploring the Puddle reserves the right to change or modify forms if the need arises. Parents will be notified and required to sign a document stating they have read, understand and will abide by the altered/new form if necessary.*

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