



Request to Update Immunisation Records

Council is unable to provide history for immunisation given by your GP or any other provider. You will need to contact them directly.

Request to Update Immunisation Records for:

Child's Full Name:

Date of Birth:

Address:

Medicare number:

Reason of Enquiry:

Please select the immunisation your enquiry relates to (please circle)

Infant*
8 week
4 month
6 month
12 month
18 month
4 Years

Attach a copy of the child's infant health book

Person applying for Record:

Full Name Parent/Guardian:

Address:

Phone (home/work) Number:

Mobile:

Email:

Signature of (parent / guardian):

Preferred method for receiving this information (please circle)

Post

Email

Collect

**Email the completed document and attachments to
childrenservicesenquiry@glenelg.vic.gov.au or send to Glenelg Shire Children's
Services P.O. Box 152 Portland Vic 3305.**

Personal and or health information collected by Council is used for municipal purposes as specified in the *Local Government Act 1989*. The personal information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy

Office Use Only

Children's Services Administration to complete:

Name of Officer completing this request:	
Date completed:	
ECM Reference:	