

NOVI CO-OP PRESCHOOL

HEALTH INFORMATION RELEASE FORM

CHILD'S NAME: _____

CHILD'S CLASS: _____

DATE: _____

I will inform the Novi Co-op Preschool of any communicable disease my child or children may have.

I give the Novi Co-Op Preschool permission to notify our preschool families of any communicable disease my child or children may have. The Oakland County Health Division will also be notified.

(Example: We have 2 cases of chicken pox or 3 cases of strep.)

Signed: _____

(Mother's Signature)

(Father's Signature)

AIDS, HIV, or ARC are not included in the communicable diseases to be reported in accordance with the law.