

NOVI CO-OP PRESCHOOL

HEALTH INFORMATION RELEASE FORM

CHILD'S NAME: _____

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 county Social Services will also be notified.

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

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.