

**Livonia Nursery Inc.**  
**A Cooperative Preschool**

The Department of Consumer and Industry Services, Division of Child Day Care Licensing, from which we obtain our license requires that all forms be filled out in entirety. Please make sure that forms are both complete and accurate.

**The Green Health Form**

Section I: Parents are to fill out and sign the Personal and Health History section.

Section II: Immunizations: a parent or nurse may fill in this section; however, a validating signature from the nurse or physician is required. The child must have all required immunizations prior to attendance at the school. If there is a reason that your child cannot have all required immunizations, a letter from the physician must be attached to the health form. If you as a parent choose not to have your child immunized for personal or religious reasons, a waiver is available from the Health Chair.

Section III and IV: The Physician or nurse must fill out these sections. The physician must sign it.

A new health form must be provided each year the child attend Livonia Nursery, Inc. They are valid for one year after the date of examination.

**Parent Screening Policy:**

For each person that works in the classroom, a parent screening policy must be filled out and kept on file during the year the child is enrolled at preschool. (Mom, Dad, Grandparent, Friend, Aunt, Uncle, etc.)

Please make copies of the form, if needed. You may also contact the Health Chair for additional copies.

**The Emergency Card: (Child Information Record) White Card**

(Important: Every line must be filled in with complete information. If you have no information to go in the box, please place a line in the box.)

Date of Admission: Your interview with the teacher or staggered enrollment date.

All addresses must be complete with a street number, street name, city, state and zip code.

Specific Hours of Employment: 9a-5p or split shift or hours vary please indicate.

Name of person other than parent to whom child may be released: Include person to be notified in case of emergency. This line allows that person to pick your child up.

Name and Address of child's physician: Doctor name and complete address, including city, state and zip.

Health Insurance Information: Both the name of the policy and the identifying number are required.

Allergies: If no allergies, write NONE

Date of Last Tetanus Shot: This is the last DtaP immunization. If no immunizations or tetanus given, mark NONE.

Please sign in two places.

### **What Forms Do I Need To Return to the Health Chair?**

You will need to fill out completely and return the following forms to the Membership Board Member by mail no later than September 1st:

- Health Appraisal
- Emergency Card
- Child Placement Contract
- Health Information and Photographic Release Form
- Parent Screening Policy (1 for each volunteer classroom worker)
- FIA Clearance Form (1 for each volunteer classroom worker)