

Livonia Nursery, Inc.

A Cooperative Preschool

Child's Name

Health Information Release

I will inform the Health Chair of Livonia Nursery, Inc of any communicable disease my child or children may have.

Permission is hereby granted for the Livonia Nursery, Inc. to notify all families of any communicable disease my child or children may have.
(Example: We have 2 cases of chicken pox)

Photographic Permission

Permission is hereby granted for the Livonia Nursery, Inc., it's members or staff to photograph my child. Permission is granted for both live, internet and still photography. Such photographs would be used for parent entertainment and/or new member information.

Printed Name

Signature

Relationship to Child

Date

