St. Patrick School Latchkey Program Health/Immunization Verification 2017/2018

Student Names:	_ Grade:	
	- ·	
I verify that the above named student(s) is in good health; noting one student is listed above, please be sure to indicate which stude		
I also verify that the above named student(s) immunizations are a immunization record (or appropriate waiver) is on file in the scho		t a copy of the
Parent Signature:	Date:	
PARENT NOTIFICATION OF THE LICE Child Care Organizations Act, 1973 Michigan Department of Huma All child care centers must maintain a licensing notebook which	Public Act 116 n Services includes all licent	sing inspection reports,
special investigation reports and all related corrective action plan reports issued and CAPs developed on and after May 27, 2010 up		
 This center maintains a licensing notebook of all licensing in reports and all related corrective action plans. The notebook will be available to parents for review during notebook licensing inspection and special investigation reports from a the Bureau of Children and Adult Licensing website at www. 	regular business h t least the past tw	ours. vo years are available on
I have read the above statement issued by St. Patrick's Be	fore and After Sc	hool Supervision
Child(ren)'s Name(s)		
Parent Name		
Parent Signature	Date	

