St. Patrick School Latchkey Program Health/Immunization Verification 2019/2020

| Student Names: | Grade: |
|---|---|
| | |
| | |
| I verify that the above named student(s) is in go one student is listed above, please be sure to inc | ood health; noting the following restrictions: (if more than dicate which student has the restriction). |
| | |
| I also verify that the above named student(s) in immunization record (or appropriate waiver) is | nmunizations are up to date and that a copy of the on file in the school office. |
| Parent Signature: | Date: |
| Child Care Organiza | OF THE LICENSING HANDBOOK ations Act, 1973 Public Act 116 rtment of Human Services |
| | notebook which includes all licensing inspection reports, rective action plans (CAP). The notebook must include all r May 27, 2010 until the license is closed. |
| reports and all related corrective action plan | |
| | ion reports from at least the past two years are available on g website at www.michigan.gov/michildcare . |
| I have read the above statement issued by | St. Patrick's Before and After School Supervision |
| Child(ren)'s Name(s) | |
| · | |
| Parent Name | |

Parent Signature _____

Date _____