

Student Allergy and Medical Information

Immanuel Lutheran Preschool

Please indicate below any allergies and/or medical conditions your child has that Immanuel Lutheran Preschool should be aware of. If your child has no known/suspected allergies or medical conditions, please check the appropriate line(s).

Allergies:

_____ My child has no known or suspected allergies. This includes food, medication, and contact allergies.

_____ My child has been diagnosed with or is being tested for the following allergies: _____

Medical Conditions:

_____ My child has no known or suspected medical conditions.

_____ My child has been diagnosed with the following medical condition which requires monitoring or medical treatment during school hours (i.e. asthma, febrile seizures, etc.): _____

If I have indicated above that my child has any allergy or medical condition that requires monitoring or medical treatment of any kind, I am aware that I must submit a Medical Action Plan and provide necessary medications before my child may attend school at Immanuel Lutheran Preschool.

Signature _____ Date: _____

Licensing Notebook

Immanuel Lutheran Preschool

The State of Michigan, Department of Human Services, requires that parents/guardians with children enrolled or considering enrollment into a licensed program have access to a notebook containing all licensing inspection reports, all licensing renewal inspection reports, special investigations, and corrective action plans beginning May 27, 2010. Immanuel Lutheran Early Childhood Department maintains such a notebook. Parents are welcome to review this notebook during regular business hours.

By signing this parent agreement, I acknowledge that I am aware that I have access to review the licensing notebook, located in the Early Childhood Office.

Signature _____ Date: _____