

CHERRY HILL UNITED PRESBYTERIAN COOPERATIVE
PRESCHOOL
HEALTH INFORMATION RELEASE FORM

I will inform Cherry Hill United Presbyterian Cooperative Preschool of any communicable disease my child or children may have.

I give Cherry Hill United Presbyterian Cooperative Preschool permission to notify the preschool families of any communicable disease my child or children may have. The school will report only number and type of occurrences.

Student Name: _____
(Please Print)

Signed: _____ Date: _____
(Mother or Guardian)

Signed: _____ Date: _____
(Father or Guardian)

We ask for this release, as it is a part of the Department of Social Services licensing requirement.

AIDS, HIV, and ARC are not included in the list of communicable diseases to be reported in accordance with the law.