

CERTIFICATE OF GOOD HEALTH



The **State of Michigan**, our licensing agency, requires a current health appraisal form to be on file for each student. We have received an exemption from that rule because we enroll only students from the local school. In its place, we are asking you to complete this form.

Child's Name: _____ Date of Birth _____

Is your child having any of the problems listed below? *	YES	NO
1. Allergies or reactions (for example, food, medication, or other)		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Menstrual problems		
13. Dental problems: date of last examination		
14. Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy If so what caused the reaction:		
15: Other		
Please explain any problem identified above:		
* Additional paperwork may be required including a medical action plan signed by child's physician before care can begin.		
Does your child take any medications regularly?		
If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at the childcare center.

Signature of Parent of Guardian: _____ Date: _____

MADISON DISTRICT PUBLIC SCHOOLS SCHOOL AGE CHILD CARE ~ CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. **A blank field, a line through a field or "N/A" are not acceptable responses.**

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

Emergency Contact & Release of Child: List all individuals, **including parents/legal guardians**, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

I give permission to Madison District Public Schools: Learning Tree, licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116

COMPLETION: Required
PENALTY: Rule Violation Citation.