www.elchristian.org
46682 Florence Street | East Liverpool, OH 43920 | Phone: 330-385-5588 | Fax: 330-385-1267

Dear Preschool Parents,

Our preschool is licensed by the Ohio Dept. of Education. One of the requirements for licensure is a class roster and permission slips giving parental consent for inclusion on the roster. (This would also include the ELCS School Directory.) The roster would list parent(s) and child(ren) names, address, and phone number. Copies of the roster are to be available to any parent that requests one. Please mark and sign the form.

Thank you,

Susan Mackall
Headmaster

Preschool Permission Slip
Roster Inclusion

Check one:

☐ I/We give permission for inclusion in the class roster.

☐ I/We give permission for inclusion in the class roster, but my/our phone number is unlisted; therefore, please do not publish the phone number.

☐ I/We do not give permission for inclusion in the roster.

____________________________ ____________________________

Child's Name Parent's Signature

Preschool Parents,

Please list the names of 5 people we can release your child to:

1.

2.

3.

4.

5

Ohio Department of Education
Division of Educational Services
Early Childhood Education Section

Child's Medical Statement

This is to certify that I have examined (Child's Name)
____

on the (Date)___________________________and have found that he/she:

1) has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, or

_____is to be exempted from these requirements for medical or religious reasons.

Immunization Record. Enter month/day/year of each immunization.

DPT: 1________2________3________4________*5________

POLIO: 1________2________3________*4_______

HIB. VAC. 1________2________3________ 4________

Hepatitis B 1________2________3________

VARICELLA___________ (if received)

Measles, mumps, rubella--usually combined as MMR 1_________ *2__________

If separate, measles__________, mumps___________, rubella___________

***The 5th DTP, 4th polio, and 2nd MMR should be administered just prior to kindergarten or school entrance.**

2) **is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his/her medical history and physical condition at the time of this examination.**

Physician's Signature	
Physician's Name	
Address	
City, State, Zip	
Phone	
Parent Name	
Child's Birth Date	