Date__________________________

________________________________________ has been identified in the
(Name of disease, illness or infestation)

home/facility and it is **contagious** (“catching,” infectious).

To protect the health of others, please, watch for early signs and symptoms which may include:

- [ ] fever
- [ ] rash
- [ ] vomiting
- [ ] diarrhea
- [ ] red watery eyes
- [ ] itching
- [ ] very tired
- [ ] loss of appetite
- [ ] yellowing of the skin/eyes
- [ ] dark (tea colored) urine
- [ ] coughing/sneezing
- [ ] __________________________

If you notice any of these signs or symptoms, please, notify the provider, school nurse or child care director. A visit to a health care professional for diagnosis may be needed. If you have questions, please, call ________________.

If these symptoms appear while the child is at the home/facility, she/he will be excluded from the group setting and you will be called to pick him/her up.