

Notice of Exposure to Communicable Disease

NAME OF CHILD CARE PROGRAM _____

ADDRESS OF CHILD CARE PROGRAM _____

TELEPHONE NUMBER OF CHILD CARE PROGRAM _____

DATE _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having: _____

INFORMATION ABOUT THIS DISEASE

The disease is spread by: _____

The symptoms are: _____

The disease can be prevented by: _____

What the program is doing to reduce the spread: _____

What you can do at home to reduce the spread: _____

If your child has any symptoms of this disease, call your health care provider to find out what to do and be sure to tell them about this notice. If you do not have a regular health care provider to care for your child, contact your health department for instructions on how to find one, or ask staff here for a referral. If you have any questions, please contact:

_____ at _____
(CAREGIVER'S NAME) (TELEPHONE NUMBER)