

PARENT ALERT

R9-3-307.D.1. and R9-5-515.F.1.

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:

- | | |
|--|---|
| <input type="checkbox"/> fever | <input type="checkbox"/> very tired |
| <input type="checkbox"/> rash | <input type="checkbox"/> loss of appetite |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> yellowing of the skin/eyes |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> dark (tea colored) urine |
| <input type="checkbox"/> red watery eyes | <input type="checkbox"/> coughing/sneezing |
| <input type="checkbox"/> itching | <input type="checkbox"/> _____ |

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.