NAME OF CHILD ____________________________

FACILITY ______________________________________ DATE __________________________

Dear Parent or Legal Guardian:

Today at our child care facility, your child was observed to have one or more of the following signs or symptoms:

- Diarrhea (more than one abnormally loose stool)
- Difficult or rapid breathing
- Earache
- Fever (101°F or above orally)
- Gray or white stool
- Headache and stiff neck
- Infected skin patches
- Crusty, bright yellow, dry or gummy areas of skin
- Loss of appetite
- Pink eye
- Tears, redness of eyelid lining
- Irritation
- Swelling and/or discharge of pus
- Severe coughing
- Child gets red or blue in the face
- Child makes a high-pitched croupy or whooping sound after s/he coughs
- Severe itching of body/scalp
- Sore throat or trouble swallowing
- Unusual behavior
- Child cries more than usual
- Child feels general discomfort
- Cranky or less active
- Just seems unwell
- Unusual spots or rashes
- Unusually dark, tea-colored urine
- Vomiting
- Yellow skin or eyes
- Head lice or nits

Contact your health care provider if there is:

- Persistent fever (over 100°F) without other symptoms
- Breathing so hard he cannot play, talk, cry or drink
- Severe coughing
- Earache
- Sore throat with fever
- Thick nasal drainage
- Rash accompanied by fever
- Persistent diarrhea
- Severe headache and stiff neck with fever
- Yellow skin and/or eyes
- Unusual confusion
- Rash, hives or welts that appear quickly
- Severe stomach ache that causes the child to double up and scream
- No urination over an 8 hour period; the mouth and tongue look dry
- Black stool or blood mixed with the stool
- Any child who looks or acts very ill or seems to be getting worse quickly

We are excluding your child from attendance at our program until (possible options):

- The signs or symptoms are gone
- The child can comfortably participate in the program
- We can provide the level of care your child needs
- Other: ______________________________