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)