Suspected Illness or Communicable Disease
Exclusion Form

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)
- Child gets red or blue in the face
- Difficult or rapid breathing
- Child makes a high-pitched croupy or whooping sound after they cough
- Earache
- Severe itching of body/scalp
- Fever
- Sore throat or trouble swallowing
- Gray or white stool
- Unusual behavior
- Headache and stiff neck
- Child cries more than usual
- Infected skin patches
- Child feels general discomfort
- Crusty, bright yellow, dry or gummy areas of skin
- Unusually dark, tea-colored urine
- Loss of appetite
- Head lice or nits (wait until the end of the day to inform parent/guardian)
- Puffy red eyes with discharge
- Unusual spots or rashes
- Tears, redness of eyelid lining
- Unusually dark, tea-colored urine
- Irritation
- Vomiting
- Swelling and/or discharge of pus
- Yellow skin or eyes
- Severe coughing
- Head lice or nits (wait until the end of the day to inform parent/guardian)

Contact your health care provider if there is:

- Persistent fever
- Yellow skin and/or eyes
- Breathing so hard child cannot play, talk, cry or drink
- Unusual confusion
- Severe coughing
- Rash, hives or welts that appear quickly
- Earache
- Severe stomach ache that causes the child to double up and scream
- Sore throat with fever
- No urination over an 8 hour period; the mouth and tongue look dry
- Rash accompanied by fever
- Black stool or blood mixed with the stool
- Persistent diarrhea
- Severe headache and stiff neck with fever
- 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 child can comfortably participate in the program
- Yellow skin and/or eyes
- We can provide the level of care your child needs
- Unusual confusion
- Other: ___________________________________________________________________