NOTICE OF EXCLUSION DUE TO ILLNESS

Name of Child: Date of Birth:

Program or Facility: Date:

Dear Parent or Guardian:

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

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| ❏ 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 whooping sound after coughing |
| ❏ 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 physician if there is:**

|  |  |
| --- | --- |
| * Persistent fever (over 100° F) without other symptoms | * Breathing so hard the child 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 | * 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):**

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| --- | --- |
| ❏ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |