NOTICE OF EXPOSURE TO A CONTAGIOUS DISEASE

Name of Child Care Program:

Address of Child Care Program:

Telephone Number of Child Care Program:

Date:

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 the County of San Luis Obispo Public Health Department at (805) 781-5500 for instructions on how to find one, or ask staff here for a referral. If you have any questions, please contact:

at ( )