

Symptoms or Suspected Illness

Date: _____

School: _____

Dear Parent/Guardian;

Your child, _____, is being sent home today due to the following signs and symptoms of illness:

As a reminder, your child may return to school when:

- Signs and symptoms are gone and your child is feeling well enough to comfortably participate in daily classroom activities.
- Your child has not had a fever, diarrhea, or vomiting within the last 24 hours.
- A suspected infectious disease has been diagnosed by your health care provider and treatment if indicated has started. Length of exclusion varies per infectious disease. Your health care provider and teacher will be able to tell you when your child may return. Please call the teacher as soon as possible with your child's diagnosis.

Contact your child's health care provider immediately if there is:

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| • Persistent fever (over 101° F) and seems very sick | • Rash accompanied by fever |
| • Breathing so hard he/she cannot play, talk or cry | • Persistent diarrhea (more than 1-2 days) |
| • Severe coughing | • Severe headache and stiff neck with fever |
| • Earache | • Yellow skin and/or eyes |
| • Sore throat with fever | • Unusual confusion or difficult to wake up |
| • Thick nasal drainage that lasts more than ten days | • Rash, hives or welts that appear quickly |
| • Severe stomachache that causes the child to double up and scream | • No urination over an 8 hour period |
| • Any child who looks and acts very ill or seems to be getting worse quickly | • Black stool or blood mixed with the stool |

If your child has seen a health care provider as a result of this illness, please have the health care provider fill out this portion of the form and give to the teacher when your child returns to class.

Report of Health Care Provider:

Diagnosis: _____ Is this condition infectious? Yes No

Recommendations and precautions: _____

Date child can return to class: _____

Health Care Provider Printed Name and Signature

Date