Notice of Exposure to Communicable Disease

Name of Facility/School  __________________________________________________________________________________

Address of Facility/School  ________________________________________________________________________________

Telephone Number of Facility/School  _______________________________________________________________________

Dear Parent or Legal Guardian:
A child in our facility/school has or is suspected of having  ______________________________________________________ .

Without violating the confidentiality of this child, the facts you need to know about your child’s exposure in this situation are:

We want to inform you about this condition and the related exclusion and return-to-care practices at our facility/school. Please read the attached information sheet closely and call us with any questions.

_____________________________________________________________________________ at ________________________

Facility/School Staff Person’s Name Telephone Number