

Sample Letter to Families about Exposure to Communicable 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: _____

What you can do at home:

_____ If your child has any symptoms of this disease, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's doctors. If you have any questions, please contact:

_____ at

(Caregiver's name)

(_____) _____

(Telephone number)