Date:

**Dear Parent/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, we recommend that you consult with your child’s doctor. Be sure to tell the doctor about this notice. Any student presenting these signs and symptoms may be excluded from school. If excluded, a student must have a note from a health care provider stating they are non-communicable in order to return to school. If you have any questions please contact:

**Angela Wight**

**Health Manager**

**795-4040 X319**