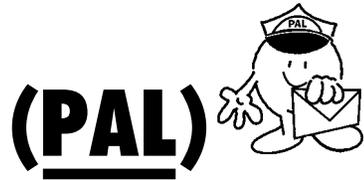


Child Care Facility _____



PARENT ALERT LETTER

Date: _____

NOTICE: COMMUNICABLE DISEASE ALERT

Dear Parent or Guardian:

A child in this facility has _____
Name of disease

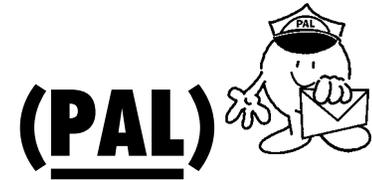
Your child may have _____
Name of disease

1. Please check your child for symptoms listed on the attached
FACT SHEET for this disease.

2. If you suspect your child has _____,
Name of disease
please see your physician.

3. Tell the child care facility if your child has this disease.
Call _____ at _____
Name Phone Number

Child Care Facility _____



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