



Exposure Notice

(12/07)

Center: _____ Date: _____

Date Posted/Copy given to parents/guardians: _____

Dear Parent/Guardian:

A child in our program has been diagnosed with:

Information about the Disease

Typical Symptoms are:

What the program is doing to reduce the spread:

Check box if available information handout given

If your child has any symptoms of this disease, call your health care provider to find out what to do and be sure to tell them about this notice. If you do not have a regular health care provider to care for your child, contact your health department for instructions on how to find one, or ask staff here for a referral. If you have any questions, please contact:

_____ at _____
Site Supervisor's Name Telephone Number