Washington County School District Health Services

Millcreek Nursery

EXCLUSION LETTER FOR ILLNESS

DATE: _____
CHILDS NAME: _____PARENT NAME: _____

Dear Parent,

If your child is in the Nursery and exhibits any of the following signs or symptoms, there is a risk that he/she may have a communicable disease, or a condition requiring treatment.

- Temperature greater than 100.4 F (or lower temperature with other symptoms)
- Labored or rapid breathing (significant in infants less than 6 months)
- Nausea, vomiting, diarrhea (more than one abnormally loose stool)
- Red, inflamed, or pus discharge from eyes (non-allergic)
- Sore throat, difficult swallowing
- Acute colds, running nose (non-allergic), or persistent cough
- Suspected impetigo, ringworm
- Infestations (scabies, head lice, pin worms)
- Sores with ongoing fluid, or blisters with yellow, odorous pus
- Earache
- Toothache, teething at its worst
- Rash that is oozing, is accompanied with a fever, or child is also experiencing a behavior change
- Sores with ongoing fluid, or blisters with yellow, odorous pus
- Unusual dark, tea-stained urine
- Gray or white stools
- Headaches or stiff neck
- Lethargy, irritability, persistent crying, difficulty breathing
- Antibiotic use: Any child on an antibiotic will not be accepted into the daycare until he/she has been on antibiotics for three days.

Your child has displayed the following symptoms _____
_____
_____.

Your child needs to stay at home until one of the following is met:

1. Signs or symptoms are gone
2. 24 hours of treatment are completed
3. You bring a doctor's note stating that he/she may return to the Nursery