

Illness Exclusion Form

Name of Child: _____

Facility: _____

Date: _____ Time: _____

Dear Parent or Legal Guardian:

Today your child was observed with one or more of the following symptoms:

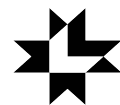
- Diarrhea (2 or more abnormally loose stools) or 1 uncontained stool
- Difficult or rapid breathing
- Earache
- Fever 100° F or above axillary (under arm) Temp: _____°F _____°F
along with a behavior change or other symptom
- Head lice
- Headache
- Rash along with another symptom *or* a spreading rash
- Red and/or irritated eyes
- Severe coughing
- Severe itching of body/scalp
- Sore throat or trouble swallowing
- Vomiting
- Unusual behavior / General Discomfort _____
- Other _____

We are excluding your child from attendance at our program until:

- The child is symptom free without medication for 24 hours.
- Child has been seen by a physician (Please attach a note from the physician as to the cause of the above symptoms).
- Other: _____

Please contact us if you have any questions.

Sincerely, _____



Lincoln-Lancaster County
Health Department