

**Communicable Disease Letter**

*Please indicate whether this is suspected or diagnosed (with doctors note).*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents/Guardians,

A child in the center is suspected to have/diagnosed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 (Circle)

They are currently under treatment, and we have followed all universal precautions.

If your child displays signs and symptoms, please contact the program nurse/ or your center manager.

Thank you,

CEO Health Team

*Questions and Concerns contact:*

 *Health and Nutrition Manager at 518-272-6012 Ext 300*

*Program Nurse- Susan Schongar Ext 540*

*Program Nurse- Amy Fedorowicz Ext 740*

*Note: Please scan and send to the Health Team. Scan and send via Learning Genie to families.*