



418 Washington Street, PO Box 188  
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## ILLNESS WHILE AT CENTER

Date \_\_\_\_\_

Dear Parent:

Your child has been found to be:

\_\_\_\_\_ Running a fever

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Having diarrhea

\_\_\_\_\_ Broken out with a possible communicable disease

\_\_\_\_\_ Having a skin condition which needs attention

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Child may return when: \_\_\_\_\_

\_\_\_\_\_ See Exclusion Policies and Procedures

\_\_\_\_\_  
Person Reporting Illness

H-25/ EHS-11 2/11

