



Keep your child home if he or she exhibit the following symptoms. If ICC has to send your child home, they will use the form to make it clear when we can accept a child back into our care.

Illness Symptoms Communication to Family

Date: _____ Time: _____
Staff: _____ Toddler Preschool School Age
Child's Name: _____

Your child is being sent home because he/she exhibits one or more of the following symptoms:

- Vomiting more than one time or when accompanied by any other symptoms of illness
- A temperature of 100 or more degrees. Your child's temperature was _____ (taken under the arm) at: _____ am/pm; and, with one or more additional symptoms: _____
- Three or more consecutive occurrences of diarrhea
- Symptoms of conjunctivitis – redness, itching, burning of the eye, obvious discharge, matted eyelashes, etc.
- Unidentified rash
- Other: _____

Your child may return to the center when the above symptoms have been gone for twenty-four hours and/or with the following instructions: _____

Note: While your child's physician's recommendations are taken into consideration, ICC is mandated to follow the guidelines and licensing regulations issued by the State of Ohio and the Ohio Department of Health's Communicable Disease Chart (posted) for determining when a child may return to our care. Please contact the Director if you have any questions.

Original: ICC child file; Copy: Parents/Guardian