



Illness Notification

Child's Name: _____

I understand that I am responsible for notifying HMCDS within 24 hours or the next business day if my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. The following is a list of some contagious illnesses, but is not a complete list.

Signature _____ Date: _____

Partial List of Communicable Diseases:

Chicken pox
Pink eye
Lice Impetigo
Meningitis
Meningitis Impetigo
Whooping cough
Ringworm
Scarlet Fever
Scabies
Rotavirus Infections
Fifth Disease
German Measles
Hepatitis A
Mumps
Measles
Strep Throat
Influenza (The Flu)
Roseola
Hand, Foot & Mouth Disease