**INFECTIOUS DISEASE OUTBREAK NOTIFICATION FORM Version 3 (March 18)**

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

**Infectious Disease Outbreak of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date educator was notified:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign displayed for parents / guardians and visitors: Y/N**

**Information sheet on infectious disease outbreak is available to parents / guardians: Y/N**

**Holistic Approach FDC Scheme Administration and Consultant notified Y/N**

**Name of Child with Infectious Disease:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure the child’s name is kept confidential**

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| ***Child’s Name*** | ***FDC Educator Service*** | ***Date Parent / Guardian Notified*** |
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**Action Taken by educator:**

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