

We Have An **OUTBREAK**

We are currently experiencing:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fever | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Headache | <input type="checkbox"/> _____ |

Wash your hands frequently

Report symptoms of your child's illness to staff

Keep sick children at home



Do your part!
STOP the spread of illness

