

# 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**