New Nouveau Brunswick

RETURN AFTER EXCLUSION FORM - CHILD

Please ensure that this form is completed before any child is re-admitted to a New Brunswick child day care facility after being excluded due to an illness.

A. General Information

Facility Name

Facility ID #

Telephone #

Fax #

Physical Location

B. Child Information Information

Child's name

Name of Illness

If illness id E.coli or Shigella, please complete Section A and B and send to Public Health to complete Section D below.

Date of Illness Onset (m m d d y y)

Date of Diagnosis *(if applicable)* (m m d d y y)

Date Treatment Began *(if applicable)* (m m d d d y)

C. Confirmation of Exclusion (To be completed by the Parent or Guardian and Child Day Care Employee.)

I have verified that _____ (name of child) has met the exclusion criteria as defined in the Exclusion Reference Guide, is symptom fee and is well enough to take part in regular child day care activities.

Signature of Employee

Signature of Parent

Date (m m d d y y)

Date (m m d d y y)

D. Confirmation of Exclusion for E.coli or Shigella (To be completed by Public Health for E.coli and Shigella.)

→ **To be completed by Public Health and returned to child day care.**

I confirm that I have seen proof of two negative stool cultures taken 24 hours apart as per the exclusion criteria (refer to Management of Illness in Children and Staff in New Brunswick Day Cares). This individual no longer needs to be excluded from day care because of E.coli/Shigella Illness.

Signature of Public Health Official

Date (m m d d y y)