**LETTER TO PARENTS AND STAFF**

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| **Concerning letters to parents and staff:**   * No letters should be sent if diagnosis has not been confirmed. * No letters should be sent without prior consent of the CSSS or CLSC nurse. |

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

Daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** **Mouth or skin Herpes simplex**

Dear parents,

Dear staff member,

There has been a diagnosis of herpes simplex at your daycare or school. This viral disease is transmitted through contact with the saliva or skin lesions of an infected person.

Symptoms of the infection in children include lesions in the mouth or on the skin with fever, irritability and difficulty eating.

Children who are less than 1 month of age and persons with widespread eczema, dermatitis or weak immune systems are at greater risk for complications from this infection.

People with the symptoms of this infection should see a doctor or go to the CLSC, as treatment could be prescribed.

Bring this letter to your medical consultation as it can help the doctor decide on a course of action.

Thank you for your co-operation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_