

## Safeguarding children

## 1.16.9 Notification of infectious diseases form

| Date   |  |
|--|--|
| Name of Registered Day Care Provision: <b>The Ol</b>   | d School House Montessori Nursery  |
| Registration number: <b>EY241373</b>   |  |
| Address: <b>The Old School House Nursery, De M</b>   | ontfort Road, Lewes, East Sussex BN7 1SP   |
| Contact telephone number: 01273 480492   |  |
|  | ormed of any infectious diseases (i.e. which a doctor or adults who attend or visit the nursery. We are also     |
| To be completed by the Manager / Deputy / T  | hird in charge   |
| Infectious disease   |  |
| Date of outbreak   | Child / Adult (delete as appropriate)  |
| Action being taken to stop the spread of infecti   | ion  |
|  |  |
| Signed   | Date   |
| ·  | s diseases sensitively and to consider issues relating to the handed to the registered person (i.e. the owners). |
| To be completed by parent/carer/guardian   |  |
| I confirm that I have informed the nursery of the being taken to stop the spread of the infection. | ne notifiable infectious disease and informed of the actions .   |
| Signed   | Date   |

