Year:         Month:       Day:

Dear Parents,

○○ School, ○○ City ＿＿＿＿＿＿＿＿

**Notice of Suspension of Attendance**

We have been informed that your child has been infected with the school infectious disease marked ‘○’ below. This is to inform you that your child’s attendance will be suspended in accordance with Article 19 of the School Health and Safety Law. We will not record absence if your child is absent from school, so please concentrate on his/her treatment at home.

Please follow the doctor's instructions when your child starts going to school again. When the child resumes going to school, the guardian should fill in the following "Resume school permit notice" and submit it to the school. You don't need to submit a medical certificate.

Thank you and best regards,

|  |  |  |
| --- | --- | --- |
| Type | Disease Name | Criteria for the period of suspension |
| Type 1 | Acute poliomyelitis (polio) Diphtheria Variola | Until cured |
| Type 2 | Influenza | Until 5 days after onset and 2 days after resolution of fever |
| Mumps | Until 5 days have passed since parotid swelling developed and the patient is in good general health |
| Rubella | Until the rash disappears |
| Chickenpox | Until all the rashes have crusted |
| Pertussis | Until the characteristic cough disappears |
| Type 3 | Epidemic keratoconjunctivitisStreptococcal infectionMycoplasma pneumonia | Until the school physician or other physician considers that there is no risk of infection due to the symptoms |

**Notification of Resumption of School**

Dear Principal of ○○ School, ○○ City

According to the doctor's instructions, I will resume my child going to school.

|  |  |  |
| --- | --- | --- |
| Grade・Class・Name | Grade          Class | Student’s Name |
| Disease name |  |  |  |  |  |
| Medical institution where the child was examined |  |  |  |  |  |
| Suspension period (period of rest) |  |
| Things to be careful about after returning to school (Example: Please allow to observe physical education on resuming week.) |  |  |  |  |  |

Year:                  Month:          Day:

Name of guardian: 　　　　　　　　　　　　　　　　　　　　Signature