

# Balshaw's Grammar School

## Leyland

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### PREVENTION OF INFECTIOUS ILLNESS

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I, the undersigned, hereby certify that there has not been a case of infectious illness in my house during the recent vacation, nor has \*....., to my knowledge, been exposed to any infection.

Signed.....  
*Parent or Guardian.*

Address.....  
.....  
.....

Date.....

*The following illnesses are regarded as infectious:—*

Scarlet Fever.	Measles.	Whooping Cough.
Diphtheria.	German Measles.	Ringworm.
Smallpox.	Typhoid Fever.	Cerebro-spinal Fever.
Chickenpox.	Mumps.	Infantile Paralysis.
		Sleepy Sickness.

\* Here insert name of Pupil.

N.B.—The pupil will not be admitted to school until this form has been signed and presented to the Head Master.

P. T. O.

# Balshaw's Grammar School, Leyland

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There have been the following cases of infectious illness in my house during the recent vacation:—

(1) Nature of illness.....

(2) Date of commencement of last case.....

Signed.....

*Parent or Guardian.*

Address.....

.....

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Date.....

I hereby certify that \*.....  
at school at Balshaw's Grammar School, is now free from  
infection and fit to return to school.

Signed.....

*Medical Officer.*

Address.....

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Date.....

\* Here insert name of pupil.