

CALIFORNIA MONTESSORI PROJECT
Information on Ringworm

DEAR PARENT OR GUARDIAN:

✓ A child in our school may have Ringworm.

 Your child may have Ringworm.

CAUSE: A fungus

SYMPTOMS: Body- Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusted. As the lesion spreads outward, the School often becomes clear. Scalp- Ringworm may be hard to detect in early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.

SPREAD: By direct contact with lesions of infected person, pets and contaminated objects. To prevent spread of infection, children should not exchange hats, combs, towels, clothing or personal articles that may be contaminated.

INCUBATION PERIOD: Body- 4 to 10 days.
 Scalp- 10 to 14 days.

PERIOD OF COMMUNICABILITY: As long as infected lesions are present. Communicability is greatly reduced once treatment has begun.

TREATMENT: If you suspect ringworm in your household members, contact your physician. Anti-fungal ointments are often used for treating ringworm. Oral medications may also be necessary when infection of the hair or scalp is more extensive. Other children and family members should also be checked for signs of infection. If infection is present, treatment should be started as soon as possible.

If your child has the infection on his/her body DO NOT return your child to school until treatment has started. Exclude child with scalp infection until 24 hours after treatment has started.

THIS INFORMATION IS PROVIDED SOLELY TO HELP YOU IDENTIFY POSSIBLE CHILDHOOD DISEASES. IN ANY CASE, WE RECOMMEND YOU CONTACT YOUR CHILD'S PHYSICIAN FOR DIAGNOSIS AND FOLLOW THEIR INSTRUCTIONS AND TREATMENT.