

# DAYCARE ILLNESS FORM

## ILLNESS REPORT

Child's name: \_\_\_\_\_ Date of Report: \_\_\_\_\_, 20\_\_\_\_

Dear Parent,

**Your child was at daycare today with symptoms indicating the following illness:**

- |                                     |                                     |                                     |                                       |
|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fever      | <input type="checkbox"/> Tummy Ache | <input type="checkbox"/> Sores/Rash | <input type="checkbox"/> Ringworm     |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Pink Eye   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coughing   | <input type="checkbox"/> Vomiting   | <input type="checkbox"/> Head Lice  |                                       |

**Additional comments about illness:**

These symptoms occurred at \_\_\_\_\_ time during the day.

**We ask that you keep your child away from daycare for a minimum of:**

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> One day  | <input type="checkbox"/> Three days   |
| <input type="checkbox"/> Two days | <input type="checkbox"/> Other: _____ |

## Policy Reminder

**Our daycare Sick Child Policy states that before returning to daycare, children who are sick:**

*We thank you for taking this seriously and look forward to welcoming your child back at school when they are feeling better.*

Signed: \_\_\_\_\_