

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: _____