

CHILD'S ILLNESS REPORT

Child's Name: _____ Class: _____ Center: _____

Staff Name: _____ Time of illness: _____ Date: _____

Describe in detail the illness (include signs, symptoms, degree of fever, etc.) _____

Was any first aid or medication given? Yes No Describe: _____

Was a physician called? Yes No Physician name: _____

If yes, explain why called and information received: _____

Was the parent notified? Yes No What time and how? _____

Results of parent notification: _____

Parent picked child up at school at: _____ (time)

Child was delivered to parent's home by _____ (staff name)

Child was delivered to _____ by: _____ (staff name)

Child remained at school Explain: _____

Other comments: _____

Original to Site Supervisor to review, initial, & place in child's DCFS file and email to Health Coord.

H 5/21

_____ Site Supervisor's initials