



Illness Notification Form

Date: _____

Educator Name: _____

Child Name: _____

Date of Birth: _____

Parent's Name: _____

Description or symptoms of Illness: (Fever, Diarrhea, Vomiting, Rash Etc)

Temperature/Symptoms: _____ Time: _____

Temperature/Symptoms: _____ Time: _____

Temperature/Symptoms: _____ Time: _____

Temperature/Symptoms: _____ Time: _____

Individual contacted: _____ by whom: _____ Time: _____

Individual contacted: _____ by whom: _____ Time: _____

Individual contacted: _____ by whom: _____ Time: _____

Outcome: _____

Time child was removed from program: _____

Parent/guardian signature: _____ Date: _____

Educator Signature: _____ Date: _____

Date child was returned to program: _____ Comments: _____

Educator signature

Date