ILLNESS REPORT FORM

Date:
Child's full name
Date of birth:

Fill in what the child ate today:

breakfast	morning-tea	lunch	afternoon-tea	dinner

What did the child drink today?

_____cups of water _____cups of milk

Was the child's temperature measured today? Yes No

If yes fill in below

Time temperature taken	Temperature (°c)

Your child has:

- ☐ Not eaten
- ☐ vomited
- ☐ slept more than usual
- ☐ was lethargic
- ☐ diarrhoea
- ☐ asthma/difficulty breathing

NOTE: Before returning to care please provide a doctor's certificate clearly stating that your child is healthy and ready to return to care

Time parent contacted: _____ Time child taken from care:_____