



Caregivers Report on Illness:

Name of the Child: _____ Date: _____

Age: _____ Sex: _____

Onset: _____ How long it has lasted: _____

Symptoms (Please check those that apply):

- *Diarrhea (loose watery stool different from normal bowel pattern)
- *Bloody Diarrhea
- *Vomiting
- Fever - Temperature: _____ Time it was taken: _____
- Headache
- Abdominal Cramps
- Sore Throat
- Not Eating
- Rash – Describe: _____
- Runny Nose Mucous
 - Clear
 - Yellow
 - Greenish
- Cough
 - Violent
 - Vomiting with cough
 - Loss of Breath
- Other: _____

***Contact the guardian and send the child home immediately if these symptoms occur.**

Any problems eating or drinking:

Any problems with urinating or bowel movements:

List any new foods, animals, insects or medications the child has been exposed to:

Accidental exposure to medications or chemicals:

Specify if this child has been in contact with other ill children:

What has been done for the child:

Other information:

Caregiver's signature:

Name of child care facility:

Address of the child care facility:

Telephone:

Please send a copy of this form home with the child's parent and keep a copy for your records.