

Highland Rim Head Start Illness Report

Child's Name: _____ Date of Birth: _____

Staff Completing the Form: _____ Date/Time: _____

Child presented (date/time) _____ with the following illness
symptoms described below:

____ Temperature of _____

____ Diarrhea (number of times) _____

____ Redness of the eye with ____ discharge ____ matted lashes ____ itching

____ Rash

____ Lice/nits

____ Sore Throat

____ Vomiting (number of times) _____

____ Other (specify): _____

Actions taken by the Agency:

____ Parent/guardian was notified (time): _____

____ Child was picked up early due to the illness (time): _____

____ Central Office notified of child being sent home early

____ TLC ____ Wet Paper Towel ____ Ice/Ice Pack ____ Rest Area

____ Other (specify): _____

****Child May Return:** _____

Teacher Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____