



Illness Request Form Service to Medical Practitioner

This form is to advise the child's practitioner of illnesses within our service. Our service follows the Staying Healthy in Childcare Guidelines (5th Edition) to stop the spread of illnesses. This form has been given as there are infectious diseases currently within our service.

Date	
Childs Name	
Last time eaten (time / food)	
Last time drunk (time / drink)	
Child's symptoms	
Illnesses in room / service	
Number of cases	
Educator filling out form	

A clearance from these symptoms and any related illnesses is required to return to care
Please attach medical certificate stating this child is fit to attend a child care service

Dr Sighting Form	
Medical Centre	
Contact Details	

If a doctor is not willing to sign this form, please ensure your medical clearance states the specific condition mentioned in the form. Please note we send this form home to ensure illness do not spread through our service.