

Illness FORM

(Complete form in **black or blue** biro ONLY)

Address _____ **Ph** _____

Child's Name: _____ **Date of Birth:** _____

Date: _____ **Time Illness first noticed:** _____ am/pm

Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

Details of action taken, including first aid administration of medication:

Temperature - _____ Time: _____ Any action Taken: _____

Temperature - _____ Time: _____ Any action Taken: _____

Temperature - _____ Time: _____ Any action Taken: _____

Temperature - _____ Time: _____ Any action Taken: _____

Temperature - _____ Time: _____ Any action Taken: _____

Medical personnel contacted: Yes / No If yes, provide details:

Witness name: _____ Sign: _____

Other Educators on duty at time illness was noticed _____

Has anyone been contacted? YES/NO

Time _____ Time: _____ Time: _____

(Contacted yes/no - who _____) (Contacted yes/no - who _____) (Contacted yes/no - who _____)

Completed by Educator					
Medication name	Dosage given	Time given	Staff sign	Witness sign	Expiry & details check
Date-					Reason for medication-

Authorised person consent (Parent/Guardian) please initial -

Name of staff completing form: _____ (print full name)

Time: _____ Date: _____ Signature: _____

Director: _____ Date: _____ Signature: _____

Parent/Guardian/Carer Signature _____ **Date** _____