ILLNESS RECORD

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| CHILD’S DETAILS | | |
| Child’s full name: | | |
| Date of birth: | Age: | Gender: 🗌 Male 🗌 Female |
| Date of illness |  | |
| Time of illness |  | |

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| FORM DECLARATION | |
| I proclaim that this Record has been completed as soon as possible and no later than 24 hours after any illness has transpired whilst the child is being educated and cared for by the Service. | |
| DETAILS OF PERSON COMPLETING FORM | |
| Name: | Signature: |
| Position: | |
| Date Record was completed : | Time Record was completed: |
| DETAILS OF WITNESS | |
| Name of Witness: |  |
| Signature of Witness: |  |

NOTE: EDUCATORS ARE REQUIRED TO DOCUMENT ANY FURTHER CHANGES TO THIS RECORD BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT HAVE CHANGED FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE**.**

ILLNESS RECORD

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| CIRCUMSTANCES SURROUNDING CHILD’S ILLNESS: |
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| CHILD’S SYMPTOMS: |
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| TEMPERATURE RECORD: | TIME TEMPERATURE WAS TAKEN: |
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| ACTION TAKEN (INCLUDING MEDICATION GIVEN) |
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| NOTIFICATIONS (INCLUDING ATTEMPTED NOTIFICATIONS) | | | |
| CONTACT | FULL NAME | TIME & DATE | SUCCESSFULLY CONTACTED Y/N |
| Parent/Guardian |  |  |  |
| Supervisor |  |  |  |
| Regulatory Authority Officer (if applicable) |  |  |  |
| Medical Authorities |  |  |  |

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| Was the child transported by ambulance | Yes/No |
| Does the illness require the child to be excluded from care? | Yes/No |
| Does the illness/incident require notification to the Health Department or other recognised authorities? | Yes/No |
| Recommended minimum exclusion period |  |
| Has the parent been informed of the exclusion period and medical clearance requirements? | Yes/No |

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| FOLLOW-UP REQUIREMENTS | |
| Has a medical certificate been provided, stating the child is fit to return to the Service? | Yes/No |
| Has the medical certificate been submitted into the child’s file? | Yes/No |

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| PARENT ACKNOWLEDGEMENT AND COMMENTS: | |
| Parent Name: |  |
| Parent Signature: |  |
| Date: |  |
| Comments: | |