



## Illness Report

Dear \_\_\_\_\_,

Date: \_\_\_\_\_

\_\_\_\_\_ had the following indications of not feeling well today:

Child's Temperature: \_\_\_\_\_ Time: \_\_\_\_\_ Reporting Staff: \_\_\_\_\_

A check mark next to a symptom means that the responsible parent/guardian needs to follow instructions:

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| <p><input type="checkbox"/> <b>COLD:</b> Mild, no temperature, feeling okay. If there are no other symptoms, and if discharge is clear, then your child may attend school.</p> <p><input type="checkbox"/> <b>FEVER:</b> A warning that all is not right with the body. If your child has a fever of 100 degrees or higher, after adding a degree under the arm, then you must keep your child at home for <u>one full school day</u> after it goes down to 98.6 degrees.</p> <p><input type="checkbox"/> <b>SINUS INFECTION:</b> Greenish discharge from nose might be a sign of infection. Child needs to stay home <u>until discharge is clear and with approval from your doctor.</u></p> <p><input type="checkbox"/> <b>COUGHING:</b> If the cough is minor, your child may attend school.</p> <p><input type="checkbox"/> <b>BREATHING/COUGHING:</b> Shortness of breath or difficulty breathing. If the cough is chronic, deep, high-pitched, croupy, or hacking, or green phlegm, it <u>might</u> mean an infection. Child needs to stay home until gone or return with approval from your doctor.</p> <p><input type="checkbox"/> <b>SORE THROAT:</b> If mild, the child may be in school.</p> <p><input type="checkbox"/> <b>SORE THROAT:</b> Child may appear to have one of the following: Swollen tonsils or glands, white spots in throat, hurts when swallowed and/or complains of not feeling well. You might need to seek advice from your doctor. Child needs to stay home until gone or return with approval from your doctor.</p> <p><input type="checkbox"/> <b>RASH:</b> Not contagious, may attend school.</p> <p><input type="checkbox"/> <b>RASH:</b> Yellowish skin or we are unable to determine what it is. Child needs to stay home until gone or return with approval from your doctor.</p> <p><input type="checkbox"/> <b>OPEN WOUNDS THAT CAN TRANSFER INFECTION or RINGWORM:</b> Must be covered and treated with antibiotics. May require a doctor's note.</p> <p><input type="checkbox"/> <b>STOMACH ACHE:</b> Light stomach ache, no diarrhea, vomiting or temp. Fed light food to him/her today. May return to school.</p> | <p><input type="checkbox"/> <b>STOMACH/ BODY ACHE:</b> Vomiting, severe cramping. Must be kept home for <u>one full school day</u> after last episode. Can not return until symptom free for 24 past last episode.</p> <p><input type="checkbox"/> <b>DIARRHEA:</b> After the second really loose stool or if hard cramping, child must stay home <u>one full school day</u> after last episode.</p> <p><input type="checkbox"/> <b>CONJUNCTIVITIS (pink eye):</b> Suspected redness or discharge from one or both eyes. Yellowish eyes. Very contagious. Your child will need to be on medication for <u>two full school days</u> and have a doctor's release before returning to school.</p> <p><input type="checkbox"/> <b>EAR INFECTION:</b> Suspected, complains of ear hurting. Needs to be on medication and have a normal temperature with no pain before returning to school.</p> <p><input type="checkbox"/> <b>HEAD LICE:</b> If we detect the nits or lice you will be required to pick up your child. Child may return to school after he/she has been treated with a medicated shampoo and <b>ALL THE NITS ARE REMOVED.</b></p> <p><input type="checkbox"/> <b>ALLERGIES:</b> Runny nose and slight congestion. Your child may remain in school.</p> <p><input type="checkbox"/> <b>FLU:</b> You must keep your child home for <u>one full school day</u> after the last symptom.</p> <p><input type="checkbox"/> <b>VOMITING. MILD:</b> Your child vomited one. He/she may return <u>one full school day</u> after he/she vomits</p> <p><input type="checkbox"/> <b>VOMITING. CHRONIC:</b> Your child vomited more than one time today. You must keep your child at home until <u>one full school day</u> after he/she vomits with no other symptoms.</p> <p><input type="checkbox"/> <b>MEDICATIONS:</b> A medication release form must be filled out with your name, amount and dates to be administered. All medications must be kept in their original container. Ask your child's teacher where medical release forms are located.</p> |
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\_\_\_\_\_ Parent Signature