



Your Child is Sick

<div>_____</div> <div>Child's Name</div>	<div>_____</div> <div>Academy Name</div>	<div>_____</div> <div>Date</div>
<div>SYMPTOMS (Check all that apply)</div>		
<div><div>_____ Looks feverish</div><div>_____ Has fever (temperature of _____)</div><div>_____ Has diarrhea</div><div>_____ Is coughing and sneezing continuously</div><div>_____ Has and/or shows signs of a stomach ache</div><div>_____ Vomiting _____</div><div>_____ No participation</div><div>_____ Tired and/or sleepy</div><div>_____ Crying and/or cranky</div><div>_____ Other Symptoms: _____</div></div>		
<div>ACTIONS</div>		
<div>Your child</div> <div><div>_____ Can return after 24 hours with no symptoms. Return date: _____</div><div>_____ Needs to see a doctor and return with a doctor's note.</div><div>_____ Needs rest and can return the following day.</div><div>_____ Other: _____</div></div>		
<div>SIGNATURES</div>		
<div>Staff Signature: _____ Date: _____</div>		
<div>Director/Assistant Director Signature: _____ Date: _____</div>		
<div>Time parent was called: _____</div>	<div>Time child was picked up: _____</div>	
<div>Parent Signature: _____ Date: _____</div>		