Child Illness Record

Symptoms, exclusion, and return-to-care for one child

Child's name:
Date:
Time symptoms noticed:
Staff member:
Symptom severity ☐ Mild ☐ Moderate ☐ Severe

Symptom observed	Yes	No	Notes
Temperature / fever	☐	☐	
Vomiting	☐	☐	
Diarrhoea	☐	☐	
Rash	☐	☐	
Cough	☐	☐	
Sore throat	☐	☐	
Ear pain	☐	☐	
Headache	☐	☐	
Tiredness / fatigue	☐	☐	
Other	☐	☐	

Details of illness

Notes

Temperature (°C)	Time taken	Staff initial

Action taken

Item	Done
Child monitored	☐
Child rested	☐
Parent contacted	☐
Child collected	☐
Emergency services contacted	☐
Other	☐

Parent contacted (Y/N)	Time contacted	Person contacted	Collection time

Additional notes

Notes

Staff signature:

Date:

Parent / guardian signature (if collected):

Related documentsIncident & Illness TrackerDaily Risk Assessment