



**The Lee Wiggins Childcare Centre
SYMPTOMS OF ILL HEALTH REPORT**

Date: _____ Time: _____

Child's Full Name: _____ Child's Age: _____

Staff on Duty: _____

Ill Symptoms Observed

Action(s) Taken

Parent Contacted? Yes/No/Other: _____

Parent(s) Name(s): _____

Contact Time: _____ Time of Parent Arrival: _____

Parent Signature

Staff Signature

Coordinator Signature