

Caring for an Ill Child

Child's Information

Child's Full Name: _____

Current Symptoms

Congestion	Yes	No	Describe, if applicable
Cough			
Fever			
Diarrhea			
Sore Throat			
Vomiting			
Draining from nose			
Draining from eyes			
Draining from ears			
Draining from sores			
Nausea			
Rash			
Other,			
Other,			
Other,			

Last temperature taken: the time _____ and the degrees _____

Is your child's temperature the same, rising or decreasing? _____

Has your child seen a doctor and if so, the doctor's orders? _____

Has your child been exposed to a contagious disease recently and if so, what?

Other Information:

