Child’s Symptoms of Illness Record

**Eh to Zed Preschool Canada Early Learning Academy**

**Child’s Full Legal Name:** Click here to enter text. **Child’s Date of Birth**: dd/mm/yyyy

| Date Observed | Time Observed | Description of the Child’s Symptoms of Illness Observed | Description of Actions Taken by Child Care Centre[[1]](#footnote-1) | Name(s) and Initial(s) of Staff who Observed Symptoms/Took Action | |
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| [add rows as required] |  |  |  |  |  |

\*Each Child’s File\*

1. e.g., child separated from other children, parents contacted, child examined by legally qualified medical practitioner or a registered nurse, serious occurrence reported, etc [↑](#footnote-ref-1)