Parent – Medical FYI

Dear Parent,

Today we noticed the following symptoms:

(Circle all that apply; Describe details in space below)

Behavior Change  Fever   Pain   Trouble Breathing
Cough   Headache  Rash   Trouble Sleeping
Crying   Itching   Runny Nose  Trouble Urinating
Diarrhea   Lethargic (very sleepy)  Skin Sores  Vomiting
Drainage   Mouth Sores  Sore Throat  Wheezing
Earache   Not Eating  Stomachache

Details: (Temperature, how taken, frequency of symptom, when started, how long lasted, color and amount of fluid/drainage, (thick, green, white, clear, bloody) change in behavior, etc.)

How long have we noticed these symptoms?

Please take the following action:

☐ Carefully watch your child for further symptoms of illness
   Refer to your parent handbook for guidelines on when to keep your child home
   Refer medical questions to your child’s doctor

☐ Other __________________________

Sincerely,

______________________________ _________________________
Staff completing form    Phone Number at Center

orig-parent
cc-child care center

Form 5.a Parent Medical FYI.docx  9/30/08