

MINUTEMAN CCA CHILD SYMPTOM WHILE IN CHILD CARE RECORD

Child's Name:		Date:	Time
Main Symptom:			
When it began:		Duration:	
Other Symptoms/Complaints:			
Symptoms: Breathing:	Wheezing <input type="checkbox"/>	Persistent Coughing <input type="checkbox"/>	
Change in Behavior:	Lethargic <input type="checkbox"/>	Unusual behavior	Unable to participate in classroom activities
Skin:	Pale <input type="checkbox"/>	Flushed <input type="checkbox"/>	Rash <input type="checkbox"/> Sores <input type="checkbox"/>
Swelling <input type="checkbox"/>	Bruises <input type="checkbox"/>	Itchiness <input type="checkbox"/>	Other:
Vomiting (#times)		Diarrhea (#times)	
Eyes:	Pink/Red <input type="checkbox"/>	Watery Discharge (yellow/green) <input type="checkbox"/>	
Crusty <input type="checkbox"/>	Swollen <input type="checkbox"/>	Other:	
Mouth:	Sores <input type="checkbox"/>	Drooling <input type="checkbox"/>	Difficulty Swallowing <input type="checkbox"/>
Temperature/Other:			
Liquids: (Name amount)		Food:	
Sleep:			
Medications:			
Emergency Measures:			
Comments:			
Name of staff completing form:			
<u>Attention:</u> * original to parent * copy for center's files			
<input type="checkbox"/> Please monitor at home			
<input type="checkbox"/> IT IS SUGGESTED – That you follow-up with your healthcare provider regarding the symptoms listed above.			
<input type="checkbox"/> IT IS REQUIRED – That you follow-up with your healthcare provider regarding the symptoms listed above. A note, with instructions from your healthcare provider is necessary before your child may return to the CCA. Please attached Dr. Note if seen in Dr. Office.			
<u>Staff Signature:</u>			
<u>Parent Signature:</u>			