

Child Symptom Tracking Form



Child's Name		Date of Illness	
Name of Parent Called		Time Parent Called	
Major Symptom		Date/Time of Symptoms	
Team Member Name		Person Contacting Parent	

Is the classroom currently experiencing any communicable disease(s)? YES NO

If the answer is yes, list the communicable diseases that are currently identified in the classroom:

Symptoms Tracker – place an X next to each symptom observed. Add any notes about symptoms as necessary.

X	Symptom	Notes	X	Symptom	Notes
	Coughing			Sore Throat	
	Wheezing			Difficulty Swallowing	
	Rapid Breathing			Pale or Flush Skin	
	Difficulty Breathing			Ear Pain	
	Sores			Abdominal Pain	
	Swelling			Pain in Limbs	
	Bruising			Headache	
	Itchiness			Lethargy	
	Unable to participate in activities			Other symptom(s) not listed	

Vomiting – note time(s) of vomiting incidents.

Diarrhea – note time(s) of diarrhea incidents.

11. **What is the primary purpose of the following statement?**

Temperature Check – record the temperature and time it was taken.

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Your Child May Return to Childcare When (*Early Impressions staff will indicate which criteria must be met*):

1. They have been fever-free for 24 hours without fever reducing medication (Tylenol, Motrin, etc.)
2. Child has been on medication prescribed by a physician for 24 hours.
3. It has been 24 hours since the last episode of vomiting or diarrhea, without medications.
4. Skin conditions have been confirmed as non-contagious by a physician (note required) and there are not open sores.
5. Their physician has deemed them safe to return back to care (note from physician required).
6. They are able to participate comfortably in all usual program activities, including outdoor time.
7. _____

Teacher Signature

Parent Signature

Site Supervisor Signature

Date

Date Child Can Return