ILLNESS REPORT FORM

| Child's Name: | Symptoms: |
|--------------------------------|------------------------------------|
| Date: Illness policy quoted: # | |
| Needed to return to class: | Initials: |
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| Child's Name: | Symptoms: |
| Date: Illness policy quoted: # | |
| Needed to return to class: | Initials: |
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| Child's Name: | |
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| Needed to return to class: | Initials: |
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| Child's Name: | Symptoms: |
| Date: Illness policy quoted: # | |
| Needed to return to class: | Initials: |
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| | |
| Child's Name: | Symptoms: |
| Date: Illness policy quoted: # | _ Written referral made to Dr: Y N |
| Needed to return to class: | Initials: |

San Francisco Department of Public Health
Child Care Health Program
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