



Description of Mild Illness

(Is completed by parent when reserving care for an ill child)

Child's Information

Child's Full Name:

Birthdate of Child:

Current Symptoms

Yes No Describe, if applicable

Congestion

Cough

Fever

Diarrhea

Sore Throat

Vomiting

Draining from nose

Draining from eyes

Draining from ears

Draining from sores

Nausea

Rash

Other:

Other:

Other:

Last temperature taken: the time and the degrees

Is your child's temperature the same, rising or decreasing?

Has your child seen a doctor, and if so, the doctor's orders?

Has your child been exposed to a contagious disease recently, and if so, what?

Other Information: