



Send Home

Name of Child: _____

Date: _____ Time: _____

Symptoms/Reasons:

- A fever(close or above 38C) _____
- Diarrhea or vomiting (when 2-3 times per 3-4 hours).
- Rash/skin condition.
- Communicable disease like _____
- Infected discharge _____
- The child shows signs of lethargy and irritability.
- The child is claiming persistent pain _____
- The child shows signs of a bad cough (frequent bouts: 2-3 times/hour).
- The child has eye discharge, pink eye, or severe redness.
- Lice
- Other: _____

Name of Caregiver that responded: _____

Describe the Symptoms/Reasons: _____

First Aid Given: _____

Was the parent contacted? Yes No

How? _____ Which parent was contacted? _____

Who contacted the parents? _____



Fern Flower - Nature School
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What time were they contacted? _____

Child can come back to Nature School after _____

Were any photos of Symptoms attached to this document? Yes No

Additional Notes:

Parent Signature: _____ *Date:* _____

Child Care Provider Signature: _____ *Date:* _____