

Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

N/A

Time of illness: am/pm

Date of illness: / /

Action Taken

Details of action taken, including first aid administration of medication:

Applied ice to bump on cheek
Monitored for other signs of injury

Medical personnel contacted: Yes ☒ No ☐

If yes, provide details:

Dr Singh: 3284 7589

Details of person completing this record

Name: Alex Achille

Signature: 

Time record was made: 12:45 pm

am/pm ☒

Date record was made 13 / 6 / 16

Notifications (including attempted notifications)

Parent/guardian: John ~~Singh~~ Gee

Time: 12:45

am/pm ☒

Date: 13 / 6 / 16

Director/teacher/coordinator: Samantha Ly

Time: 12:50

am/pm ☒

Date: 13 / 6 / 16

Regulatory authority (if applicable): —

Time:

am/pm

Date: / /