

UNWELL CHILD CHECKLIST

Child's Name: _____ Date: ____/____/____

You have been asked to collect your child from the Service today as he/she has been displaying the following symptoms:

Severe, persistent or prolonged coughing	
Difficult or rapid breathing	
Eye/nose discharge	
Unusual spots or rash	
Frequent scratching of the scalp or skin	
Lost interest in playing, was listless	
Was abnormally quiet and inactive	
Was crying readily and could not be comforted	
Headache, stiff neck	
Loss of appetite	
Sore throat or difficulty in swallowing	
Was irritable when disturbed	
Was difficult to wake	
Feverish appearance	
Felt cold and looked pale	
Had a high temperature i.e. above 38 degrees (recorded every 10 minutes)	
[Time: Temp: °C] [Time: Temp: °C] [Time: Temp: °C]	
Vomited on occasions	
Had occasions of diarrhoea	
Had symptoms of a possible infectious disease	
Treatment given	
Other	

As you are aware, it is very important that unwell children are cared for quickly, and that appropriate action is taken to prevent the spread of infection.

When can your child return to the Service?

- If your child has been sent home due to vomiting or diarrhoea, they can return to the Service only once all vomiting or diarrhoea have ceased. To keep cross-infection to a minimum, it is recommended that the child not return for 24 hours.
- If your child has commenced on a course of antibiotics, they cannot return to the Service for at least 24 hours so that the medication has time to take effect.
- If your child has been sent home with symptoms of an infectious disease recognised by the Public Health Unit, exclusion periods must be adhered to (please refer to the *Bowen/Collinsville Family Day Care Scheme Information Book* for further information). On their return, a doctor's certificate is required as clearance.

Please note: If your child returns to the Service (with or without a medical certificate) and your Educator identifies that your child still appears to be unwell, it is the responsibility of the Educator to once again send your child home.

Please consider your Educator and other children and do not send your child to the Service when they are unwell.

Parent Name: _____ Parent Signature: _____ Date: ____/____/____

Educator Name: _____ Educator Signature: _____ Date: ____/____/____