



1556 First Ave., Suite B, Iowa City, IA 52240  
(319) 337-8922 (Local) (866) 537-8922

FORM: **Child Illness Notification**

PURPOSE: To be completed by guardian when reserving care for an ill child. Communicates details of illness and care instruction from parent to Caring Hands & More.

Child's Full Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Child's Birth Date: \_\_\_\_\_ (Ex: 1/1/2004)

Please indicate the symptoms your child is currently experiencing below (use back of page if needed):

SYMPTOM:	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			

Last temperature taken: Time \_\_\_\_\_ (EX: 3:00 AM) Degrees Fahrenheit \_\_\_\_\_ (EX: 102 °)

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

Has your child been seen by a doctor? If yes, what were the doctor's orders? \_\_\_\_\_

Has your child been exposed to any contagious illnesses? If so, what illnesses? \_\_\_\_\_

Any other information you feel we should be aware of: \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Contact Number(s) \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Relation to Child: \_\_\_\_\_ (Ex. Mother, Father, etc.)

(This form was adopted by us and modified from forms created by The University of Iowa.)



Home Health Care & Family Services