

Health Check Form for Daycare

Date of Submission: _____

Child's Information:

- Full Name: _____
- Age: _____
- Parent/Guardian Name: _____
- Contact Number: _____
- Emergency Contact: _____

Daily Health Checklist:

- Does the child have any of the following?
 - Fever
 - Rash
 - Vomiting
 - Diarrhea
 - Other: _____

Allergies or Special Requirements:

- Known Allergies: _____
- Medications: _____
- Dietary Restrictions: _____

For Daycare Staff Use Only:

Time	Symptoms Noted	Action Taken	Parent Notified

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Parent/Guardian Acknowledgment:

I confirm the information provided above is accurate.

Signature of Parent/Guardian: _____

Date: _____