

Illness Report

Tillys Play and Development Centre – Cooranbong
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Name of person completing report:.....Date:.....Time:.....

Position/Role:.....Signature:.....

Name of child:.....Age:.....Gender:.....DOB:.....

General activity & circumstances at time of illness onset:.....

.....

Your child has had the following symptoms (please circle)

Vomiting Diarrhoea Temperature Rash Other

Additional Details:.....

There has/has not been recent similar illness in other children in the centre.

Description of other recorded illness:.....

Your child's temperature was:..... Time:.....

It was/was not necessary for paracetamol/ibuprofen to be given at time:.....

Brand:.....Dose given:.....Method:.....

Any other medication administered:.....Dose given:.....

Administered by:.....Signature:.....

Witnessed by:.....Signature:.....

Your child has eaten:.....

Your child has had fluids:.....

Your child has passed urine: yes/no atTime.....

Parent/person contacted:.....Time:.....Date:.....

Additional Comments:.....

Was medical attention sought from a registered practitioner/hospital?: Yes / No

If yes please provide details:.....

Witness Signature:.....Name:.....Date:.....

Director Signature:.....Name:.....Date:.....

Parent Signature:.....Name:.....Date:.....

Approved Provider/Management Notified (If applicable): Time:.....Date:.....

Regulatory Authority Notified via NQAITS (If applicable): Yes / No

Time:.....Date:.....

Other Agency Notified (if applicable):.....Time:.....Date:.....