

Record of Illness & Medication

<i>Date & Time</i>	<i>Child's Name (First & Last)</i>	<i>Illness</i>	<i>Action Taken</i>	<i>Medication Name & Amount</i>	<i>Treatment Person's Signature</i>

Turn over for Record of Injury & Incidents

Record of Injury & Incidents

<i>Date & Time</i>	<i>Child's Name (First & Last)</i>	<i>Injury – Incident</i>	<i>Action Taken</i>	<i>Treatment Person's Signature</i>