

# MARIBYRNONG PRIMARY SCHOOL

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## ILLNESS RECORD

*This record should be completed as soon as practicable,  
but no later than 12 hours after the onset of symptoms.*

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE OF APPARENT ONSET OF ILLNESS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ am/pm

RELEVANT CIRCUMSTANCES SURROUNDING THE CHILD BECOMING ILL:


APPARENT SYMPTOMS:


ACTION TAKEN BY STAFF (INCLUDING FIRST AID, MEDICAL PERSONNEL NOTIFIED):


PERSONS NOTIFIED OR ATTEMPTED TO BE NOTIFIED:

1	Name: Ph:	Date: ____ / ____ / ____ Time: _____ am/pm
2	Name: Ph:	Date: ____ / ____ / ____ Time: _____ am/pm
3	Name: Ph:	Date: ____ / ____ / ____ Time: _____ am/pm

FORM COMPLETED BY:

Name:	Signature:
Date:	Time: