Under the weather form



1. What is your child's name? _____
2. What class is your child in? _____
3. What is your name? _____
4. What's your relationship to the child? _____
5. Please describe how your child is feeling and any symptoms they have. _____
   _____
6. Is your child's illness related to a long-standing medical condition?
7. Has your child taken any medication before coming into school? Which ones? _____
8. How would you like us to contact you if they feel worse while at school? Please provide a phone number: _____
9. Is there anything else we should be aware of?
   _____
   _____