

RECORD OF CHILD SENT HOME

(To be completed if a child is sent home ill)

Date:		Childcare Practitioner:	
Child's Name:		Date of birth:	
			Completed by:
Date & time parent contacted:			
Comments:			
Time collected:			
Comments:			
Date of follow up call:			
By whom:	<input type="checkbox"/> Call to parent <input type="checkbox"/> Call from parent		
Comments:			
Date child returned to the setting:			
Date, name and signature of the manager:			