



Montessori Country Day School
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ILLNESS REPORTING FORM

Dear Parent:

Date: _____

We have asked you to take _____ home because he/she has exhibited the following symptoms:

Dear Physician:

This child participates in an infant/toddler program at Montessori Country Day School. The faculty and I take seriously the task of providing a safe, healthy environment for the children in our care. Please help us by completing the form below.

Thank you,
Marge Ellison, Head of School

Child's name: _____ Date Seen: _____

Illness diagnosed as: _____

Contagious: _____ Non-contagious: _____

Child is able to participate comfortably in facility activities (as state by Minimum Standards for Child Care Centers) and may return to group care on this date: _____.

Preventive measures for childcare and staff: _____

Comments: _____

Physician's Signature

Telephone Number