

5321.L

**Illness/Unusual Behavior Report Form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Onset: \_\_\_\_\_

Type/description of illness/unusual behavior:

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Actions Taken:

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Name of Parent Notified: \_\_\_\_\_

Time of Parental Notification: \_\_\_\_\_

Signature of Person Notifying Parent: \_\_\_\_\_