SNOHOMISH HEALTH DISTRICT

# *Record of Illness*

| *Date & Time* | **Child's Name** *(First & Last)* | *Illness* | *Action Taken* | *Child Care Provider's Signature* |
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SNOHOMISH HEALTH DISTRICT

# *Record of Injury & Incidents*

| *Date & Time* | **Child's Name** *(First & Last)* | *Injury – Incident* | *Action Taken* | *Child Care Provider's Signature* |
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