



# DAILY HEALTH OBSERVATION SUMMARY

H-306 (A)

CENTER: \_\_\_\_\_

MONTH: \_\_\_\_\_

<u>Date</u>	<u>Time</u>	<u>Child Name</u>	<u>Issue identified</u>	<u>Description of issue</u>	<u>Outcome</u>	<u>Staff Signature</u>
			<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other		<input type="checkbox"/> Returned to class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Other	
			<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other		<input type="checkbox"/> Returned to class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Other	
			<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other		<input type="checkbox"/> Returned to class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Other	
			<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other		<input type="checkbox"/> Returned to class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Other	
			<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Pain <input type="checkbox"/> Other		<input type="checkbox"/> Returned to class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Other	