Return to Group Care Form

Note: To be used when program staff have questions for a health professional, not for routine return of every excluded or ill child.

Dear Health Care Professional,

_____________________________ has been excluded from __________________________ for the following health reason(s):

(name of facility/school) (child’s name)

Unable to participate in normal activities

Requires more care than the staff can provide

Has a specific acute illness that merits exclusion according to the American Academy of Pediatrics/American Public Health Association/National Resource Center for Health and Safety in Child Care and Early Education (available at http://nrc.uchsc.edu/CFOC/index.html)

Please assess this child by history and physical examinations (laboratory tests as needed) for

1. The presence of harmful communicable illness, such as enteric pathogens (eg, Salmonella, Shigella, Escherichia coli, Campylobacter, Giardia, hepatitis A), pertussis, measles, mumps, varicella, rubella, diphtheria, or tuberculosis

2. The presence of signs or symptoms of severe illness such as dehydration, respiratory distress, or lethargy

3. The presence of any condition that would preclude the child from returning to the routine program or, if a program for ill children is available, what the child needs in the way of care to be able to return while still ill

Please indicate

Harmful communicable disease No _____ Yes _____

Signs of severe illness No _____ Yes _____

Condition precluding return No _____ Yes _____

If yes for any, may return once ______________________________________________________________________ resolves.

If no for all, may return once

1. Can participate fully in all activities

2. Does not require so much increased supervision that staff cannot properly care for child or other children in the program or school

Please complete the attached medication administration form if medication is necessary. Please consider the following suggestions:

• Include written recommendation for acetaminophen or ibuprofen (no medications can be given without orders).

• Avoid “as needed” (prn) orders (these may be confusing for caregivers/teachers); instead, describe the signs and symptoms teachers would see that determine when medication should be given.

• Include an asthma action plan for children with asthma.

• Include a care plan for any child with any other chronic condition.

Signature/Stamp ______________________________________________________________ Date ______________________