



Foster Family Setting (Children)

Record of Illness/Appointments/and Professional Contacts

2960.3080 Subp. 5 Section B Item (7) The license holder shall maintain a record of illness reported by the child, action taken by the foster parent, and the date of the child's medical, psychological, or dental care.

Name of Foster Child: _____

Illnesses

Type of Illness	Date and Action taken by Foster Parent

Health Related Appointments

Date	Type: Medical, Psychological, Dental

Over

