# NOTIFICATION OF CHILD'S ILLNESS

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the System of Records Notice NM01754-3 DON Child and Youth Program (May 27, 2010, 75 FR 29728). **AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 5031. **PRINCIPLE:** Any member of the Armed Forces Department of Defense personnel receiving services under the Navy Child and Youth Program or the Marine Corps Children, Youth and Teen Program (CYTP. Personnel to include off-duty military personnel, applying to or hired by Marine Corps commands which salaries are paid with NAF. **PURPOSE:** To develop child care programs that meet the needs of children and families; provide child and family program eligibility and background information; and verify health status of children and verify immunizations. **ROUTINE USE**: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of he Privacy Act. These records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3. DISCLOSURE: Mandatory.

_____
Date

From: Director, _____ Child Development Center

To: Physician

1. _____ went home from _____ Child Development Center with one or more of the symptoms below:

- ☐ fever of _____ Oral _____ Rectal _____
- ☐ difficulty breathing
- ☐ excessive cough/mucus
- ☐ bad diaper rash/yeast infection
- ☐ vomiting
- ☐ rash
- ☐ diarrhea
- ☐ other (describe) _____

_____

2. Before the child can be readmitted to the center, the parents must present this form with your diagnosis, signature and verification that the child may return to the Child Development Center, having no contagious ailment and no fever.

SIGNATURE _____

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_____
Date

From: Physician

To: Director, _____ Child Development Center

1. _____ was examined today. My diagnosis is he/she is not contagious, does not have a fever, and may return to the Child Development Center on _____ .

2. Other comments: _____

_____

SIGNATURE _____

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