**N.H.C.S. SIGN IN AND OUT SHEETS**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM: \_\_\_\_\_\_\_\_\_

**Daily Health Assessment Check**

**CODES: GH-**good health **PH:** poor health **RN:** runny nose **F:** fever **S:** scratch **B:** bump/bruise

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| **DAILY HEALTH ASSESSMENT CHECK** | **CHILD’S FIRST & LAST NAME** | **DROP OFF PARENT/ GUARDIAN** | **TIME IN** | **STAFF INITIALS** | **PICK UP PARENT/ GUARDIAN** | **TIME OUT** | **STAFF INITIALS** | **OTHER** |
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