



Incident, injury, trauma, and illness record

Details of person completing this record

Name: Position/role:

Date record was made / / Time record was made: AM PM

Service Name: Signature:

Child details

Child's full name:

Date of birth: / / Age: Gender: Male Female

Incident details

Incident date: / / Time: AM PM Location:

Name of witness:

Witness signature: Date: / /

General activity at the time of **incident/injury/trauma/illness**:
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.....

Cause of **injury/trauma**:
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.....

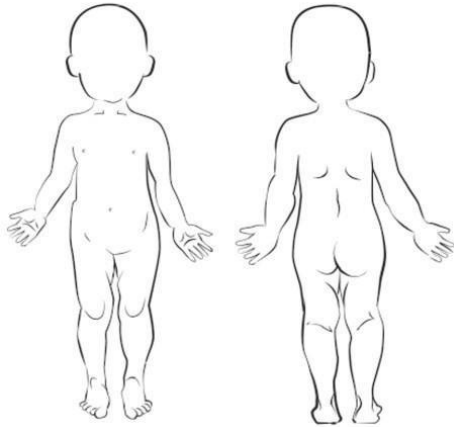
Circumstances surrounding any **illness**, including apparent symptoms:
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.....

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl duration, who found child etc):
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.....

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who took the child, duration):
.....
.....

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected



- Abrasion/Scrape
- Allergic Reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma/Respiratory
- Bite Wound
- Bruise
- Broken Bone/Fracture/Dislocation
- Burn/Sunburn
- Choking
- Concussion
- Crush/Jam
- Cut/Open Wound
- Drowning (non-fatal)
- Electric Shock
- Eye Injury
- Infectious Disease (incl gastrointestinal)
- High Temperature
- Ingestion/Inhalation/Insertion
- Internal Injury/Infection
- Poisoning
- Rash
- Respiratory
- Seizure/Unconscious/Convulsion
- Sprain/Swelling
- Stabbing/Piercing
- Tooth
- Venomous Bite/Sting
- Other (please specify)

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Action Taken

Details of action taken (including first aid, administration of medication etc):

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Did emergency services attend? Yes / No

Time emergency services contacted: AM PM

Time emergency services arrived: AM PM

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details:

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Have any steps been taken to prevent or minimise this type of incident in the future?

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Notifications (including attempted notifications)

Parent/guardian: Time: AM PM Date: / /

Director/educator/coordinator: Time: AM PM Date: / /

Other agency (if applicable): Time: AM PM Date: / /

Regulatory authority (if applicable): Time: AM PM Date: / /

Parental acknowledgement:

I

(Name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: Date: / /

