



# 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: ..... / ..... / .....

Circumstances leading to **incident/injury/trauma/illness**:  
.....  
.....

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

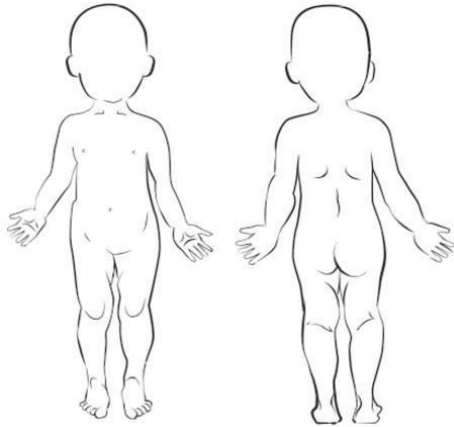
Circumstances surrounding any **illness**, including apparent symptoms:  
.....  
.....  
.....

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

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)

.....

## Action Taken

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

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: .....

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

## 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: ..... / ..... / .....

