Incident, injury, trauma and illness record

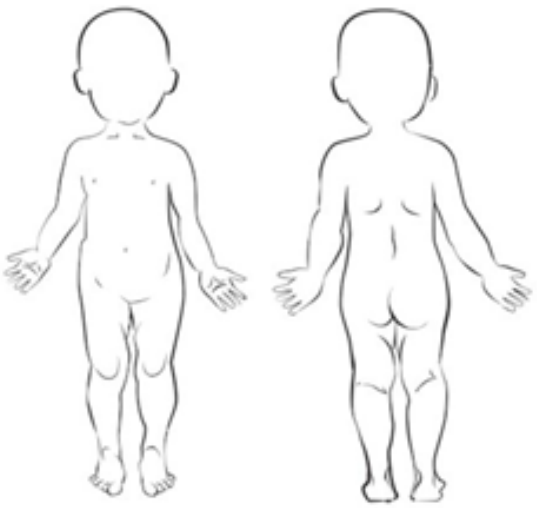
Details of person completing this record		
Name		
Position/role		
Service name		
Date record was made	Time record was made	
	[ ] am [ ] pm	
Signature		

Child details		
Child's full name		
Date of birth	Age	Gender
		[ ] Female [ ] Male

Incident/injury/trauma/illness details		
Incident/injury/trauma/illness	Date	Time
		[ ] am [ ] pm
Location of service		
Location of incident/injury/trauma/illness		
Name of person who witnessed the incident/injury/trauma/illness		
	Witness signature	Date
Details of incident/injury/trauma/illness		

Circumstances leading to the incident/ injury/trauma/illness, including any 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 the part of the body affected on this diagram

[ ] 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?	Time emergency services contacted	Time emergency services arrived
[□] Yes [□] No	[□] am [□] pm	[□] 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? If yes, provide details.	

Notifications (including attempted notifications)

Parent/guardian/carer		
	Date	Time
		[ ] am [ ] pm
Director/educator/ coordinator		
	Date	Time
		[ ] am [ ] pm
Other agency (if applicable)		
	Date	Time
		[ ] am [ ] pm
Regulatory authority (if applicable)		
	Date	Time
		[ ] am [ ] pm

Parental acknowledgement:

I,

.....

(name of parent/guardian/carer)

have been notified of my child's [ ] incident [ ] injury [ ] trauma [ ] illness.
(Please select either incident/injury/trauma/illness)

Signature	Date

Additional notes: