

Incident, injury, trauma and illness record

Details of person completing this record

Name: Position/role:

Date and time record was made/...../..... 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**:

Cause of **injury/trauma**:

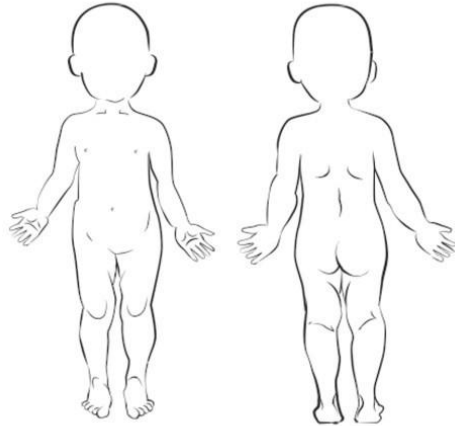
Circumstances surrounding any **illness**, including apparent symptoms:

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):

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Did emergency services attend?: Yes / No

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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