

Incident, injury, trauma and illness record



(Circle) Accident Incident Illness Serious incident

Child details

Surname: Given names:

Date of birth:/...../..... Age: Room/group:

Incident/injury/trauma/illness details

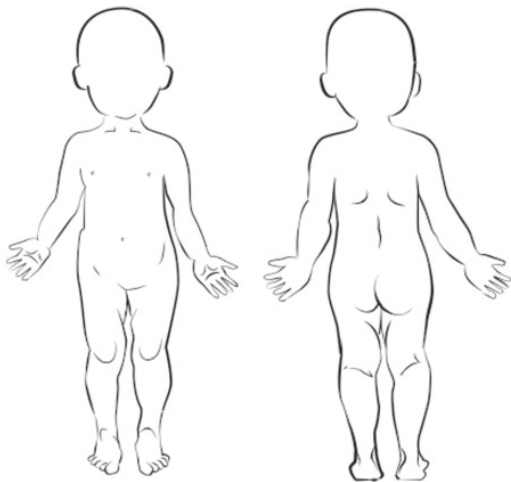
Circumstances leading to the incident/injury/trauma/illness (including equipment, furniture involved)

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Location: Time: am/pm Date:/...../.....

Name of witness:

Description of injury sustained:



- Abrasion, scrape
- Bite
- Broken bone / fracture
- Bruise
- Burn
- Concussion
- Cut
- Rash
- Sprain
- Swelling
- Other (please specify):

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Action Taken

Details of action taken, including first aid administration of medication:

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Medical personnel contacted: Yes / No

If yes, provide details:
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Details of person completing this record

Name:Signature:
Position:.....Phone number:
Email address:.....
Time record was made: am/pm
Date record was made/...../.....

Notifications (including attempted notifications)

1. Area Manager:
2. Parent/guardian full name:
Relationship to child:.....
Time: am/pm Date:/...../.....
I.....(*name of parent/guardian*) have been notified of my child's incident/injury/trauma/illness (*Please circle*)
Signature:Date:/...../.....
Parent contact details:

Additional notes / follow up:

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