

# 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**: .....

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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): .....

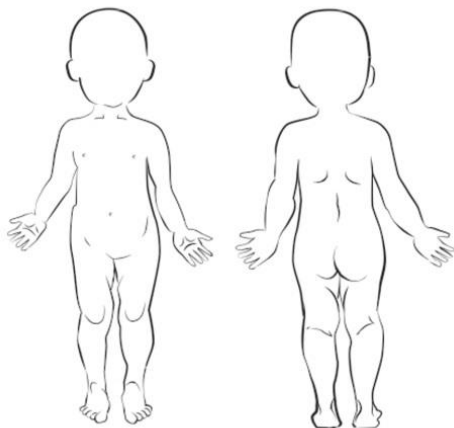
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Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who took the child, duration): .....

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**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
- Respirator
- 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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