INCIDENT, INJURY, TRAUMA & ILLNESS RECORD

CHILD'S DETAILS		
Child's full name:		
Date of birth:	Age:	Gender: ☐ Male ☐ Female
Date of incident/injury/trauma/illness		
Time of incident/injury/trauma/illness		

FORM DECLARATION	
I proclaim that this Record has been completed as soon as possible and no later than 24 hours after any incident, injury, trauma or illness has transpired whilst the child is being educated and cared for by the Service.	
DETAILS OF PERSON COMPLETING FORM	
Name:	Signature:
Position:	
Date Record was completed :	Time Record was completed:
DETAILS OF WITNESS	
Name of Witness:	
Signature of Witness:	

NOTE: EDUCATORS ARE REQUIRED TO DOCUMENT ANY FURTHER CHANGES TO THIS RECORD BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT HAVE CHANGED FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE.

ILLNESS RECORD

CIRCUMSTANCES SURROUNDING CHILD'S ILLNESS:

CHILD'S SYMPTOMS:

ACTION TAKEN:

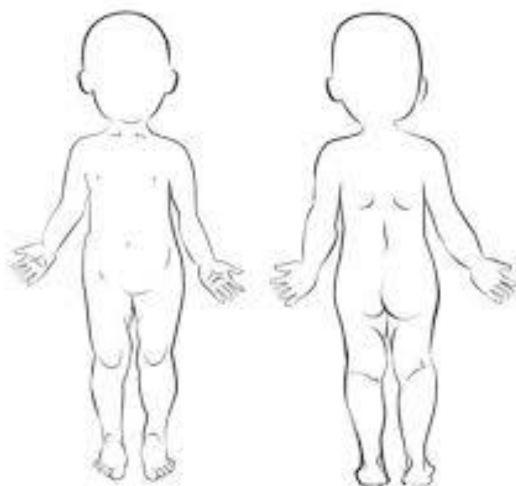
INCIDENT, INJURY, TRAUMA RECORD

CIRCUMSTANCES LEADING TO THE INCIDENT/INJURY/TRAUMA

EQUIPMENT/RESOURCES INVOLVED:

LOCATION:

ACTION TAKEN (INCLUDING FIRST AID etc)



NATURE OF INJURY SUSTAINED:	
☐ Abrasions/Scrape	☐ Rash
☐ Bite	☐ Sprain
☐ Broken bone/fracture	☐ Swelling
☐ Bruise	☐ Other (please specify)
☐ Burn	________________
☐ Concussion	
☐ Cut	

NOTIFICATIONS (INCLUDING ATTEMPTED NOTIFICATIONS)			
CONTACT	FULL NAME	TIME & DATE	SUCCESSFULLY CONTACTED Y/N
Parent/Guardian			
Supervisor			
Regulatory Authority Officer (if applicable)			
Medical Authorities / Personnel			

Was the child transported by ambulance	Yes/No
Does the illness require the child to be excluded from care?	Yes/No
Does the illness/incident require notification to the Health Department or other recognised authorities?	Yes/No
Recommended minimum exclusion period	
Has the parent been informed of the exclusion period and medical clearance requirements?	Yes/No

PARENT ACKNOWLEDGEMENT AND COMMENTS:	
Parent Name:	
Parent Signature:	
Date:	
Comments:	