

# Incident, injury, trauma and illness record

(Circle relevant type of record)

## Child details

Surname: ..... Given names: .....

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

## Incident/injury/trauma/illness details

### Incident/injury/trauma

Circumstances leading to the incident/injury/trauma: .....

.....  
 .....

Continue on separate sheet if required.

Products or structures involved: .....

.....  
 .....

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

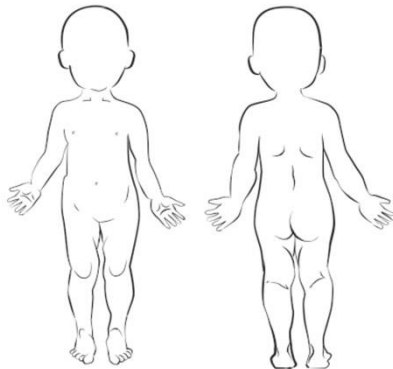
Name of witness: .....

Name of witness: .....

Name of Witness: .....

If more witnesses, record details in additional notes

### Nature of injury sustained:



- |   |   |
|---|---|
| <input type="checkbox"/> Abrasion, scrape       | <input type="checkbox"/> Cut                    |
| <input type="checkbox"/> Bite                   | <input type="checkbox"/> Rash                   |
| <input type="checkbox"/> Broken bone / fracture | <input type="checkbox"/> Sprain                 |
| <input type="checkbox"/> Bruise                 | <input type="checkbox"/> Swelling               |
| <input type="checkbox"/> Burn                   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Concussion             | .....   |

### Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

.....  
 .....

Time of onset of illness: ..... am/pm

Date of illness: ...../...../.....

**Action Taken**

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

Was Medication administered: Yes / No

Details/Dose of medication ..... Time given .....

Medical personnel contacted: Yes / No

If yes, provide details: .....

**Details of person completing this record**

Name: ..... Signature: .....

Time record was made: ..... am/pm Date record was made ...../...../.....

**Notifications (including attempted notifications)**

Parent/guardian: ..... Contacted time: ..... am/pm Date: ...../...../.....

Date ...../...../..... Attempts, Time.....am/pm Time .....am/pm Time .....am/pm

Parent/guardian: ..... Contacted time: ..... am/pm Date: ...../...../.....

Date ...../...../..... Attempts, Time.....am/pm Time .....am/pm Time .....am/pm

Details of contact /attempts .....

Director/teacher/coordinator: ..... Time: ..... am/pm Date: ...../...../.....

Regulatory authority (if applicable): ..... Time: ..... am/pm Date: ...../...../.....

**Parental acknowledgement:**

I .....

(name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: ..... Date: ...../...../.....

**Additional notes / follow up:**

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