

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:

.....

Products or structures involved:

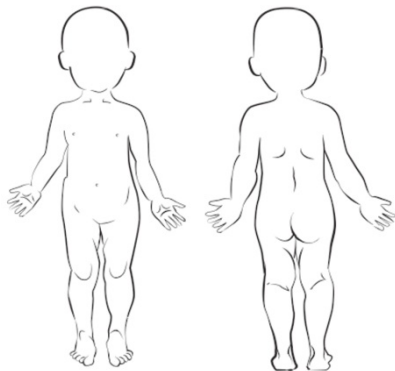
.....

Location: Time: am/pm Date: / /

Name of witness:

Signature: Date: / /

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:

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

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:

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

Notifications (including attempted notifications)

Parent/guardian: Time: am/pm Date:/...../.....

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

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

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