

Incident, Injury, Trauma and Illness Record Form



Early Childhood Education & Care Services

1. Type/Date/Time of Incident

Injury

Trauma

Illness

Date: / /

Time:

am

pm

2. Child Details

Childs Family Name:

Childs Given Name:

Date of birth: / /

Age:

3. Incident Details – Incident, Injury, Trauma (for illness go to section 4)

Circumstances leading to the incident/injury/trauma: (please describe in detail)

Products or structures involved: (please describe in detail)

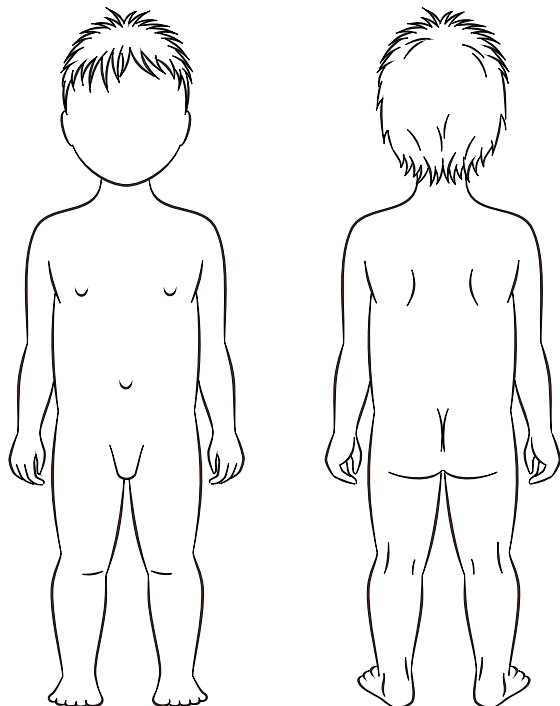
Location of the incident:

Name of person who witnessed the incident:

Incident, Injury, Trauma and Illness Record Form

Early Childhood Education & Care Services

Nature of Injury sustained (please indicate where):



Abrasion/scrape

Cut

Bite

Rash

Broken
bone/fracture

Sprain

Bruise

Swelling

Burn

Other, please specify:

Concussion

4. Incident Details – Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

5. Action Taken (complete for ALL incidents)

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

Medical personnel contacted: Yes No

If Yes, provide details (ie type/contact details):

Incident, Injury, Trauma and Illness Record Form



Early Childhood Education & Care Services

6. Details of person completing this record

Name:

Signature:

Date: / /

Time:

am

pm

7. Notifications (including attempted notifications)

Name of Parent/Guardian notified:

Signature of parent/guardian:

Date notified: / /

Time notified:

am

pm

Nominated Supervisor notified:

Signature of Nominated supervisor:

Date notified: / /

Time notified:

am

pm

Manager notified (if applicable):

Signature of Manager:

Date notified: / /

Time notified:

am

pm

Regulatory Authority notified (if applicable):

Date notified: / /

Time notified:

am

pm

8. Additional Notes/Action Required (if applicable)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.