



Incident /Injury /Trauma /Illness Report

Child's Name: Date of Birth.....

Incident time: Incident date:

This form must be completed as soon as practicable after the incident/injury/trauma/illness occurs.

Incident/Injury/Trauma - Circumstances leading to the incident/injury/trauma:

.....
.....
.....

Name/s of witness/es..... Signature..... Date.....

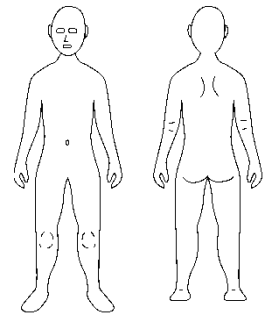
Name/s of attending staff member/s..... Signature..... Date.....

Nature of injury: please circle below and indicate on picture

Cut Abrasion/Scrape Bruise Bite

Swelling Burn Rash

Other:



Illness - Circumstances surrounding the child becoming ill, including apparent symptoms:

.....
.....

Time illness identifiedam/pm

Action taken in relation to the incident, injury, illness or trauma - Details of initial action taken including first aid and/or administration of medications, and by whom:

.....
.....

Observed changes in child's condition

➤ Time of observationam/pm

Apparent condition at time of observation.....



Subsequent action taken - Details of subsequent action taken including first aid and/or medication, and by whom:

.....
➤ Time of observationam/pm

Apparent condition at time of observation.....

Subsequent action taken - Details of subsequent action taken including first aid and/or medication, and by whom:

.....

Medical advice sought: ☐ NO ☐ YES

Details:

.....

Details of person completing this record:

(The **person in charge of the service** at the time of the incident should complete this section).

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

Position:..... Date: Time:

Notifications of parent /guardian /emergency contact:

Parent/guardian-Name:.....

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Emergency contact-Name:.....

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Time:..... am/pm phone email in person ☐Successfully notified ☐Unsuccessful notification

Parental Acknowledgement

I (name of parent/guardian).....

Have been notified of my child's: injury trauma illness (please circle)

Signature: Date:

.....



Additional notes/follow up

(All additional notes and follow up should be recorded below with the appropriate date and time. DO NOT enter new information on the Incident/Injury/Trauma/Illness Report after the event).

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

THE FOLLOWING NOTIFICATION ACTION WAS UNDERTAKEN BY THE CO-ORDINATOR OR APPROVED PROVIDER WITHIN THE TIMEFRAMES NOMINATED BY THE DEPARTMENT OF EARLY CHILDHOOD CARE AND EDUCATION (for serious incidents within 24 hours).

Regulatory authority advised: ☐ phone ☐ fax ☐ email ☐ online

Time and date of notification: _____

I declare that I have notified the relevant authorities and submitted the appropriate incident notification form with the required supporting documentation.

NAME: _____ POSITION: _____

SIGNATURE: _____ DATE: _____