



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:

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

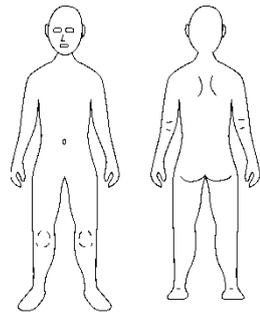
Name/s of attending staff member/s..... Signature..... Date.....

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:

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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:

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Observed changes in child's condition

➤ Time of observationam/pm

Apparent condition at time of observation.....

