Incident, injury, trauma and illness record

Child details

Child's full name: .....

Date of birth: ...../...../..... Age: ..... Gender : ☐ Male ☐ Female

Incident details

Incident date: ...../...../.....Time: .....am/pm Location: .....

Name of witness: .....

Witness signature: ..... Date: ...../...../.....

General activity at the time of **incident/injury/trauma/illness**: .....

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.....

Cause of **injury/trauma**: .....

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Circumstances surrounding any **illness**, including apparent symptoms:.....

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.....

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl duration, who found child etc):.....

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Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who took the child, duration): .....

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COVID19 Information

COVID-19 is a respiratory illness caused by a new virus. Symptoms include fever, coughing, a sore throat and shortness of breath. The virus can spread from person to person. Currently there is no treatment for COVID-19. Find out who is at risk and what you should do if you think you have COVID-19.
https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19

Symptoms	Yes	No	Details
Fever			
Tiredness			
Runny Nose			
Coughing			
Sore Throat			
Congestions			
Vomiting			
Diarrhoea			
Rash			
Conjunctivitis			

Circumstances surrounding any **illness**:.....

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Please call the office and the parent if you suspect any of the above symptoms:.....

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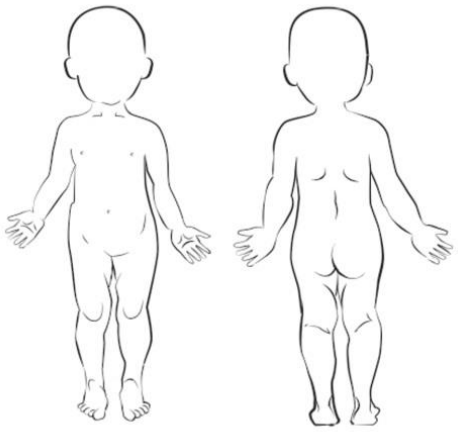
Details of person completing this record

Name: ..... Position/role: .....

Date and time record was made ...../...../..... Signature: .....

Nature of injury/trauma/illness:

Indicate ondiagram the part of body affected



- ☐ Abrasion / Scrape
- ☐ Allergic reaction (not anaphylaxis
- ☐ Amputation
- ☐ Anaphylaxis
- ☐Asthma / respiratory
- ☐Bite wound
- ☐ Bruise
- ☐Broken bone / fracture / dislocation
- ☐Burn / sunburn
- ☐ Choking
- ☐ Concussion
- ☐ Crush/jam
- ☐Cut / open wound
- ☐Drowning (non-fatal)
- ☐ Electric shock
- ☐ Eye injury
- ☐Infectious disease (incl gastrointestinal)
- ☐ High temperature
- ☐Ingestion / inhalation / insertion
- ☐Internal injury / Infection
- ☐Poisoning
- ☐Rash
- ☐Respiratory
- ☐ Seizure /unconscious/ convulsion
- ☐ Sprain / swelling
- ☐ Stabbing / piercing
- ☐ Tooth
- ☐Venomous bite/sting
- ☐Other (please specify)

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Action Taken

Details of action taken (including first aid, administration of medicationetc):.....

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Did emergency services attend?: Yes / No

Was medical attention sought from a registered practitioner / hospital?: Yes / No

If yes to either of the above, provide details: .....

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Have any steps been taken to prevent or minimise this type of incident in the future?:.....

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Notifications (including attempted notifications)

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

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

Other agency (if applicable): .....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: