INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

Kath Dickson Family Day Care Services
METROPOLITAN & EAST COAST SERVICES - 1300 336 345

Educator first name: ______________________ Educator surname: ______________________

Date: ________________ Time: ________________ Signature: ________________

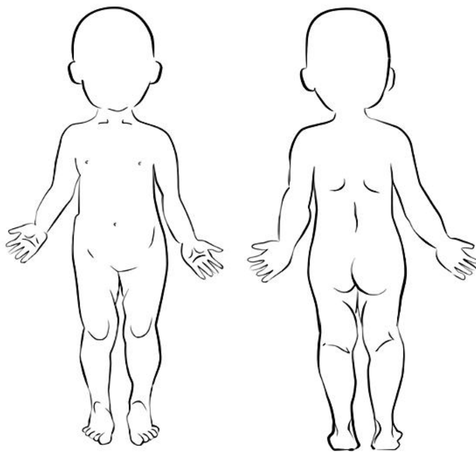
CHILD DETAILS

First name: ______________________ Surname: ______________________

Date of birth: ________________ Age: ________________ Sex: ☐Male ☐Female

NATURE OF INJURY, TRAUMA OR ILLNESS

Indicate on diagram the part of body affected, and select the relevent boxes.



- ☐Abrasion / scrape
- ☐Allergic reaction (not anaphylaxis)
- ☐Amputation
- ☐Anaphylaxis
- ☐Asthma / respiratory
- ☐Bite wound
- ☐Bruise
- ☐Broken bone / fracture / dislocation
- ☐Burn / sunburn
- ☐Choking
- ☐Concussion / unconsciousness
- ☐Crush / jam
- ☐Cut / open wound
- ☐Dental injury
- ☐Drowning (non-fatal)
- ☐Electric shock
- ☐Eye injury
- ☐Infectious disease (including gastrointestinal)
- ☐High temperature
- ☐Ingestion / inhalation / insertion
- ☐Internal injury / infection
- ☐Poisoning
- ☐Rash
- ☐Respiratory
- ☐Seizure / convulsion / unconsciousness
- ☐Sprain / swelling
- ☐Stabbing / piercing
- ☐Venomous bite or sting
- ☐Other: ______________________

____

INCIDENT/INJURY/TRAUMA OR ILLNESS DETAILS

Incident date: ________________ Time: ____________ Location (e.g. Backyard): ________________

First name of witness: ______________________ Surname of witness: ______________________

Signature of witness: ______________________ Date: ______________________

Address where Incident occurred: ____

Details of incident/injury/trauma/illness: ____

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____

Circumstances leading to the incident/injury/trauma/illness. Including any apparent symptoms: ______________________

____

____

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

____

____

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

____

INJURY/TRAUMA OR ILLNESS DETAILS (apparent on child’s arrival)

Was the injury/trauma or illness apparent upon child’s arrival?: ☐Yes ☐No

Details of injury/trauma or illness apparent upon child’s arrival: ____________________

____

____

ACTION TAKEN

Details of action taken (including first aid, administration of medication etc.): ____________________

____

____

____

Did emergency services attend?: ☐Yes ☐No

Time Emergency Services Contacted: ____________________ Time Emergency Services Arrived: ____________________

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

If yes to either of the above, please provide details: ____________________

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____

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

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____

NOTIFICATIONS (including attempted notifications)

Parent / guardian: ____________________ Date: __________ Time: __________

Coordinator: ____________________ Date: __________ Time: __________

PARENTAL ACKNOWLEDGEMENT

Parent first name: ____________________ Parent surname: ____________________

I hereby declare that I have been notified of my child’s incident, injury, trauma or illness.

Parent signature: ____________________ Date: ____________________

ADDITIONAL NOTES

OFFICE USE ONLY

NOTIFICATIONS (including attempted notifications)

Other agency (if applicable): ______ Date: ______ Time: ______

Regulatory authority (if applicable): ______ Date: ______ Time: ______

Parent name: ______ Parent contact number: ______

ADDITIONAL NOTES