

Incident, Injury, Trauma and Illness Record

This form is to be used where a Family Day Care child:

- is involved in an incident e.g., goes missing, emergency services are called
- suffers an injury whilst in care e.g., bite, bruise, graze
- experiences a trauma, e.g., sees a car accident, or something which causes trauma occurs
- comes into care ill or becomes ill e.g., high temp, vomiting, diarrhoea, rash

Details of person completing this record (NB this form is to be completed by the educator within 24 hours of the incident occurring)

Person's Name:	
Signature:	
Date and Time:	

Child details			
Surname:		Given names:	
Date of birth:		Age:	

*(NB the child {who was involved in the incident, was injured, experienced a trauma or became ill} can be named; **but please do not name any other child** involved in the incident e.g., "the biter" in a biting incident).*

Incident Details <i>(Select relevant type of record)</i>						
Incident		Injury		Trauma		Illness
Time occurred:						
Location:						
Circumstances leading to the incident/injury/trauma (where this relates to an illness, please include apparent symptoms):						
Products or structures involved:						

Location of Injury		Nature of Injury	
Arm/hand/finger		Abrasion/scrape	
Face/head		Bite	
Genitals/bottom		Broken bone/fracture	
Internal		Bruise	
Leg/foot		Burn	
Neck/throat		Concussion	
Spine/back		Cut	
Torso		Rash	
Whole Body		Sprain	
		Swelling	
		Other:	

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

Did emergency services attend?

Was medical attention sought from a registered practitioner/hospital?

If yes to either of the above, provide details:

Parent to certify they have been notified:

Time Advised:	
Parent's Name:	
Signature:	
Date and Time:	

Co-ordination Unit has been notified:

Co-ordination Unit notified:	
Name of Staff person:	
Date advised:	
Time advised:	

OFFICE USE ONLY

Follow up required:		Referred to regulatory authority:	
Signed:		Date:	
Evaluation of control:			