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
- is to be completed by the educator within 24 hours of the incident occurring

Details of person completing this record

Person's Name:	
Signature:	
Date and Time:	

Details of person who witnessed the incident *(if yes move to child details)*

Same As Above?	Yes No
Person's Name:	
Signature:	
Date and Time:	

Child details			
Surname:		Given names:	
Date of birth:		Age:	
Incident Details *(Select relevant type of record)*			
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:			

QPRC

OFFICE
257 Crawford Street,
Queanbeyan

POSTAL
PO Box 90 Queanbeyan
NSW 2620

CONTACT
Ph: 02 62856253
Email: info.fdc@qprc.nsw.gov.au

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:			

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