**Incident, injury, trauma and illness record**

**Details of person completing this record**

Service name: ......................................................................................................................................................

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

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

**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 (include 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 (include who took the child, duration):

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# Nature of injury/trauma/illness:

Indicate on diagram 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) ……………………………

**Action Taken**

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

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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: ......../......../........

Other agency (if applicable): .........................................................Time: ............ am/pm Date: ......../......../........

Regulatory authority online via NQA ITS website (if applicable):. Time: .............am/pm Date: ......../......../........

Regional Team Leader/Coordinator: .............................................Time: ............ am/pm Date: ......../......../........

*(if applicable i.e. in case of ‘Serious Incident’ and/or ‘Emergency’)*

**Parental acknowledgement:**

I............................................................................have been notified of my child’s incident/injury/trauma/illness

(Name of parent/guardian) (Please circle)

Signature: ...................................................................................................................... Date: ......../......../........

**Additional notes:**

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