

INCIDENT, INJURY, TRAUMA, & ILLNESS RECORD

Details of person completing this record

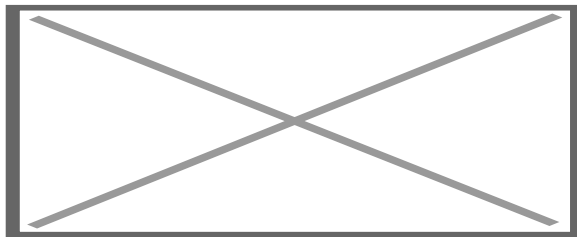
Name - fgggvv

Position Role - hvghggu

Date Record was made - 2019-04-15

Time - 1:0

Signature



Child Details

Child - Izabella

Izabella

Date of Birth - 2019-04-29

Age - 6

Gender

- Male

Incident Details

Incident Date - 2025-04-29

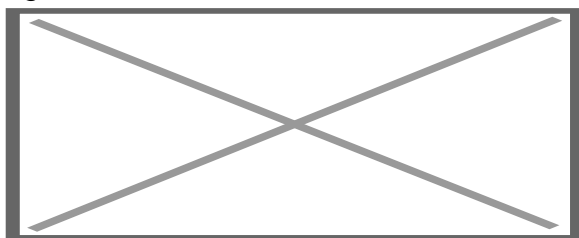
Time - 1:0

Location - ggggg

Name of Witness - ggffff

Date - 2025-04-29 00:00:00

Signature



General activity at the time of incident/injury/trauma/illness: - rffffg

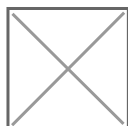
Cause of injury/trauma: - cffugygu

Circumstances surrounding any illness, including apparent symptoms:
- ettdtdytd

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

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): - etdtdytd

Nature of Injury/Trauma/Illness:



- - ? No

Abrasion/ Scrape

- - ? No

Electric Shock

- - ? No

Allergic reaction

- - ? No

High Temperature

- - ? No

Amputation

- - ? No

Infectious Disease (inc gastrointestinal)

- - ? No

Anaphylaxis

- - ? No

Ingestion/ Inhalation/ Insertion

- - ? No

Asthma/ Respiratory

- - ? No

Internal injury/ Infection

- - ? No

Bite Wound

- - ? No

Poisoning

- - ? No

Broken Bone/ Fracture/ Dislocation

- - ? No

Rash

- - ? No

Burn/ Sunburn

- - ? No

Respiratory

- - ? No

Choking

- - ? No

Seizure/ unconscious/ convulsion

- - ? No

Concussion

- - ? No

Sprain/ swelling

- - ? No

Crush/ Jam

- - ? No

Stabbing/ piercing

- - ? No

Cut/ Open Wound

- - ? No

Tooth

- - ? No

Drowning (nonfatal)

- - ? No

Venomous bite/ sting

- - ? No

Eye Injury

- - ? No

Other (Please specify)

Action Taken

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

Did emergency services attend:

Yes

Was medical attention sought from a registered practitioner/hospital:

Yes

If yes to either of the above, provide details: - wttete

List the steps that have been taken to prevent or minimise this type of incident in the future:

1. - sttdtd

2. - rff

3. - ffff

Parent/Guardian Notifications (including attempted notifications)

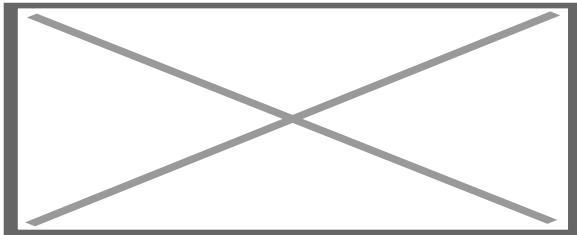
Parent/Guardian name: - dfff

Method of Contact: - 5555

Internal Notifications

Responsible Person in Charge Name: - ccfcc

Signature



Parental acknowledgement -

(name of parent/guardian) have been notified of my child's
incident/injury/trauma/illness.

Date -

Time -

Additional notes

- dyydffy
