

Incident, Injury, Trauma and Illness Record

Details of person completing this record

Name -

Position/role -

Service name -

Date - 30-08-2025

Time

- 09:29 PM

Signature



Child details

Child's full name - SamyonJohan

Date of birth - 2018-03-28

Age - 7

Gender: Male

Incident/injury/trauma/illness details

Date - 30-08-2025

Time

- 16:56

Location of service -

Location of incident/injury/trauma/illness -

Name of person who witnessed the incident/injury/trauma/illness -

Date -

Witness signature

Details of incident/injury/trauma/illness -

Circumstances

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 service or was locked in/out of service (incl. who took the child, duration) -

Nature of injury/trauma/illness

Indicate the part of the body affected on this diagram

Injury Image

Abrasion / scrape - ? No

Allergic reaction (incl. gastrointestinal) (not anaphylaxis) - ? No

Amputation - ? No

Anaphylaxis - ? No

Asthma / respiratory - ? No

Bite wound - ? Yes

Bruise - ? No

Broken bone / fracture / dislocation - ? Yes

Burn / sunburn - ? Yes

Choking - ? Yes

Concussion - ? No

Crush / jam - ? No

Cut / open wound - ? No

Drowning (non-fatal) - ? No

Electric shock - ? No

Eye injury - ? No

Infectious disease - ? No

High temperature - ? No

Ingestion / inhalation / insertion - ? No

Internal injury / infection - ? No

Poisoning - ? No

Rash - ? No

Respiratory - ? No

Seizure / unconscious / convulsion - ? No

Other (please specify) - ? No

-

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, provide details -

Have any steps been taken to prevent or minimise this type of incident in the future? If yes, provide details. -

Notifications (including attempted notifications)

Parent/guardian/carers -

Date (Parent/guardian/carer) -

Time (Parent/guardian/carer) -

Director/educator/coordinator -

Date (Director/educator/coordinator) -

Time (Director/educator/coordinator) -

Other agency (if applicable) -

Date (Other agency) -

Time (Other agency) -

Regulatory authority (if applicable) -

Date (Regulatory authority) -

Time (Regulatory authority) -

Parental acknowledgement

I, -

have been notified of my child's

incident - ? No

injury - ? Yes

trauma - ? Yes

illness - ? No

Date -

Time -

Final Signature

Additional notes

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