

## INCIDENT, INJURY, TRAUMA, & ILLNESS RECORD

### Details of person completing this record

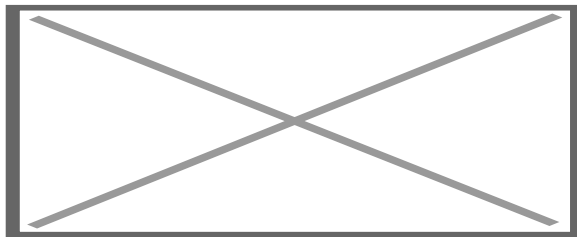
**Name** - fgggvv

**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

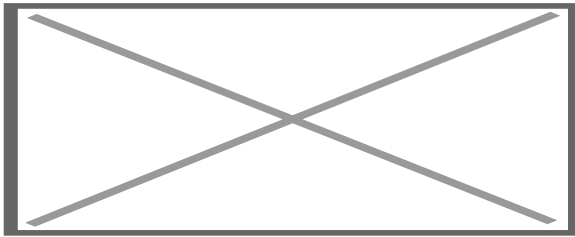
**Time** - 1:0

**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

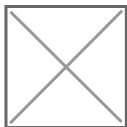
**Cause of injury/trauma:** - cffugygu

**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

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Venomous bite/ sting

- - ? No

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Eye Injury

- - ? No

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Other (Please specify)

## Action Taken

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

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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

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

1. - sttdtd

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2. - rff

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3. - ffff

## Parent/Guardian Notifications (including attempted notifications)

**Parent/Guardian name:** - dfff

**Method of Contact:** - 5555

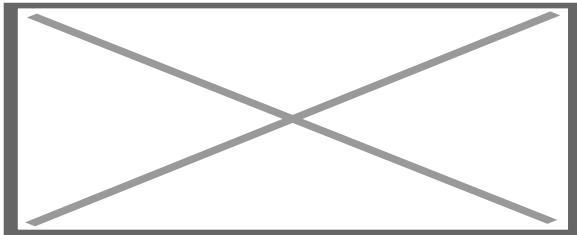
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## **Internal Notifications**

**Responsible Person in Charge Name:** - ccfcc

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Signature



**Parental acknowledgement** -

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

**Date** -

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**Time** -

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## **Additional notes**

- dyydffy

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