INCIDENT, INJURY, TRAUMA, & ILLNESS RECORD

Details of person completing this record

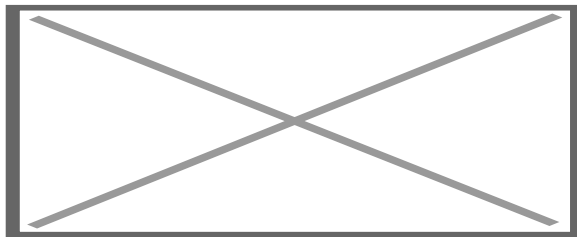**Name** - Rahul

Position Role - devleoper

Date Record was made - 2021-11-29

Time - 1:0

Signature

Child Details

Child - Lorem

Lorem

Date of Birth - 2021-11-29

Age - 56

Gender

- Male

Incident Details

Incident Date - 2021-11-29
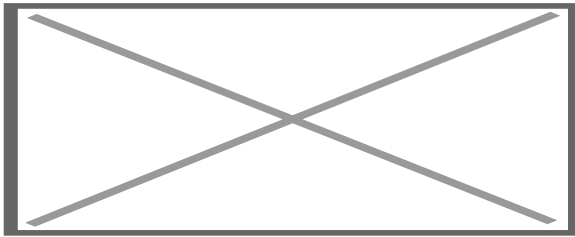
Time - 1:0

Location - hyder

Name of Witness - name

Date - 2021-11-29 00:00:00

Signature

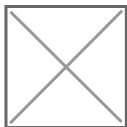**General activity at the time of incident/injury/trauma/illness:** - h

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Cause of injury/trauma: - n

Circumstances surrounding any illness, including apparent symptoms:
- n

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

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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): - n

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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.): - taken

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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: - yes

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

1. - hj

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2. -

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3. -

Parent/Guardian Notifications (including attempted notifications)

Parent/Guardian name: - name

Method of Contact: - direct

Internal Notifications

Responsible Person in Charge Name: - hj

Signature

Parental acknowledgement -

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

Date - 0000-00-00

Time -

Additional notes

- qwdjekr