

INCIDENT, INJURY, TRAUMA, & ILLNESS RECORD

Details of person completing this record

Name - TestttesttTestttestt

Position Role - TestttesttTestttesttTestttestt

Date Record was made - 2025-03-07

Time - 23:39

Signature



Child Details

Child - testtdt

testtdt

Date of Birth - 2002-12-12

Age - 22 Years

Gender

- Male

Incident Details

Incident Date - 2025-03-07

Time - 23:40

Location - TestttesttTestttestt

Name of Witness - TestttesttTestttestt

Date - 2025-03-07 00:00:00

Signature



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

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

**Circumstances surrounding any illness, including apparent symptoms:** -

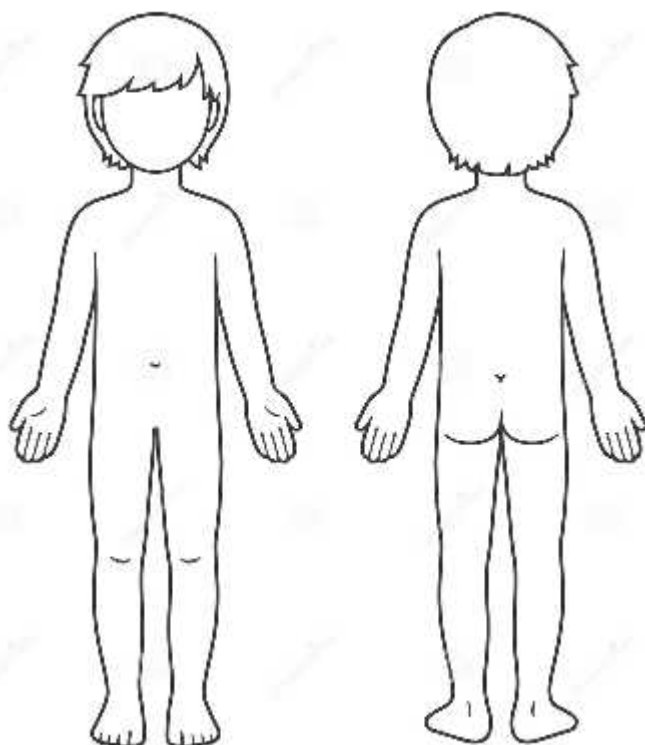
TestttesttTestttesttTestttestt

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

**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):** -

TestttesttTestttesttTestttestt

**Nature of Injury/ Trauma/ Illness:**



• - □

Abrasion/ Scrape

- - □

Electric Shock

- - □

Allergic reaction

- - □

High Temperature

- - □

Amputation

- - □

Infectious Disease (inc gastrointestinal)

- - □

Anaphylaxis

- - □

Ingestion/ Inhalation/ Insertion

- - □

Asthma/ Respiratory

- - □

Internal injury/ Infection

- - □

Bite Wound

- - □

Poisoning

- - □

Broken Bone/ Fracture/ Dislocation

- - □

Rash

- - □

Burn/ Sunburn

- - ☐ \_\_\_\_\_  
Respiratory
- - ☐ \_\_\_\_\_  
Choking
- - ☐ \_\_\_\_\_  
Seizure/ unconscious/ convulsion
- - ☐ \_\_\_\_\_  
Concussion
- - ☐ \_\_\_\_\_  
Sprain/ swelling
- - ☐ \_\_\_\_\_  
Crush/ Jam
- - ☐ \_\_\_\_\_  
Stabbing/ piercing
- - ☐ \_\_\_\_\_  
Cut/ Open Wound
- - ☐ \_\_\_\_\_  
Tooth
- - ☐ \_\_\_\_\_  
Drowning (nonfatal)
- - ☐ \_\_\_\_\_  
Venomous bite/ sting
- - ☐ \_\_\_\_\_  
Eye Injury
- - ☐ \_\_\_\_\_  
Other (Please specify)

## Action Taken

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

TestttesttTestttesttTestttesttTestttesttTestttestt

Did emergency services attend:

Yes

Was medical attention sought from a registered practitioner / hospital:

Yes

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

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

1. - TestttesttTestttesttTestttestt

2. - TestttesttTestttestt

3. - TestttesttTestttestt

## **Parent/Guardian Notifications (including attempted notifications)**

**Parent/ Guardian name:** - TestttesttTestttesttTestttesttTestttestt

**Method of Contact:** - TestttesttTestttesttTestttestt

**Date** - 2025-03-07

**Time** - 23:40

**Contact Made:** - Yes

**Message Left:** - Yes

**Parent/ Guardian name:** - TestttesttTestttestt

**Method of Contact:** - TestttesttTestttesttTestttestt

**Date** - 2025-03-07

**Time** - 23:41

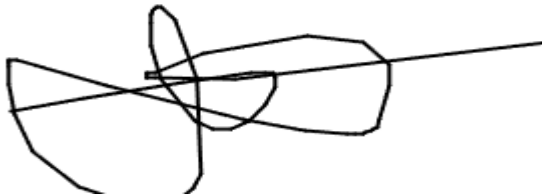
**Contact Made:** - Yes

**Message Left:** - Yes

**Internal Notifications**

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

Signature



**Date** - 2025-03-07

**Time** - 23:41

**Nominated Supervisor Name:** - TestttesttTestttestt

Signature



**Date** - 2025-03-07

**Time** - 23:41

**External Notifications**

**Other agency:** - TestttesttTestttesttTestttesttTestttestt

**Date** - 2025-03-07

**Time** - 23:41

**Regulatory authority:** - TestttesttTestttesttTestttestt

**Date** - 2025-03-07

**Time** - 23:41

**Parental acknowledgement** -

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

illness.

**Date** -

**Time** -

**Additional notes**

- TestttesttTestttesttTestttesttTestttesttTestttesttTestttesttTestttestt