

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: -

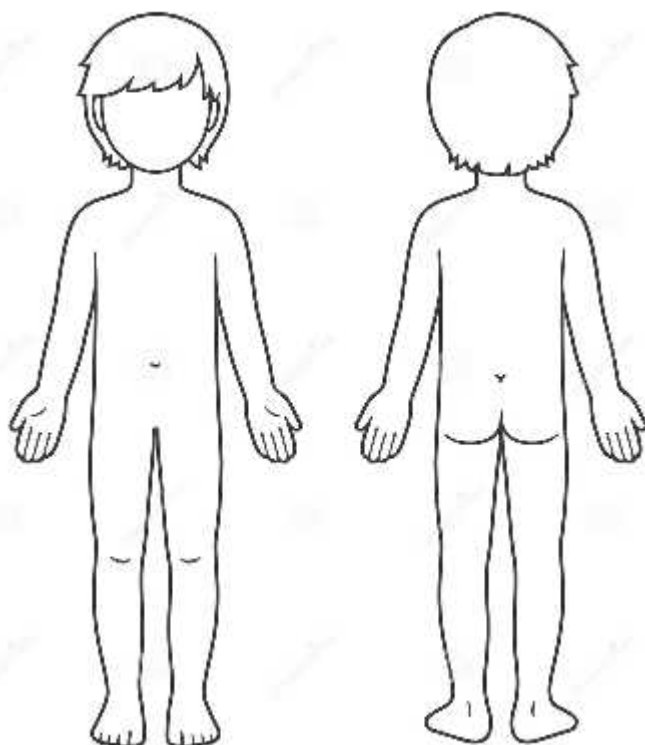
TestttesttTestttesttTestttestt

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

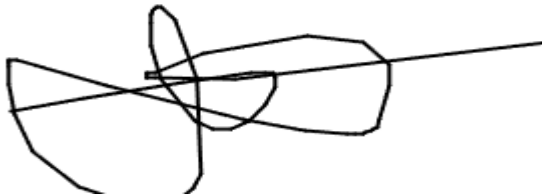
Contact Made: - Yes

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