**Incident, injury, trauma and illness record**

**Name of Early Education Service where incident, injury, trauma or illness occurred:**

Kinder Name: ………………………………………………………………………..………..…………..

**Details of person completing this record**

 Name: .................................................................................. Position/role: .......................................................................

Date and time record was made ......../......./.............................. Signature: .....................................................................

**Child details**

Child’s full name: ...............................................................................................................................................................

Date of birth: ......../......../........ Age: .................. Gender : Male Female

**Incident details**

Incident date: ......../......../........ Time: ................. am/pm Location: ..............................................................................

Name of witness: .................................................................................................................................................. ..............

Witness signature: ..................................................................................................................... Date: ......../......../...........

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

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Cause of **injury/trauma**: ......................................................................................................................................................

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

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

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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): ..........................................................................................................................................................

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# Nature of injury/trauma/illness:

**Indicate on diagram the part of body affected** Abrasion / Scrape

* Allergic reaction (not anaphylaxis
* Amputation
* Anaphylaxis
* Asthma / respiratory
* Bite wound
* Bruise
* Broken bone / fracture / dislocation
* Burn / sunburn
* Choking
* Concussion
* Crush / jam
* Cut / open wound
* Drowning (non-fatal)
* Electric shock
* Eye injury
* Infectious disease (incl gastrointestinal)
* High temperature
* Ingestion / inhalation / insertion
* Internal injury / Infection
* Poisoning
* Rash
* Respiratory
* Seizure /unconscious/ convulsion
* Sprain / swelling
* Stabbing / piercing
* Tooth
* Venomous bite/sting
* Other (please specify)

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**Action Taken**

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

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Did emergency services attend?: Yes / No

Was medical attention sought from a registered practitioner / hospital?: Yes / No

If yes to either of the above, provide details: ...................................................................................................................

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Have any steps been taken to prevent or minimise this type of incident in the future?:…...............................................

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**Notifications (including attempted notifications)**

Parent/guardian: ................................................................................ Time: ........... am/pm Date: ......../......../........

Director/educator/coordinator: ......................................................... Time: ............ am/pm Date: ......../......../........

Other agency (if applicable): .............................................................. Time: ............ am/pm Date: ......../......../........

Regulatory authority (if applicable): ................................................. Time: .............am/pm Date: ......../......../........

**Parental acknowledgement:**

I..........................................................................................................................................................................................

(name of parent/guardian)

have been notified of my child’s incident/injury/trauma/illness.

(Please circle)

Signature: ......................................................................................................................... Date: ......../......../........

**Additional notes:**

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