



# Incident, injury, trauma and illness record

(Circle relevant type of record)

## Child details

Surname: ..... Given names: .....

Date of birth: ..... / ..... / ..... Age: .....

Room/group: .....

## Incident/injury/trauma/illness details

### Incident/injury/trauma

Circumstances leading to the incident/injury/trauma:

.....

Products or structures involved: .....

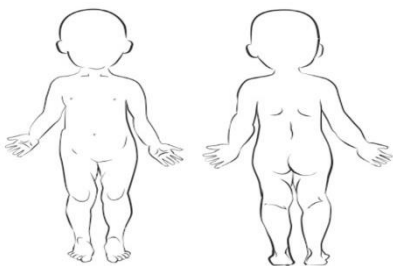
.....

Location: ..... Time: ..... am/pm Date: ..... / ..... / .....

Name of witness: .....

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

### Nature of injury sustained:



- Abrasion, scrape
- Bite
- Broken bone / fracture
- Bruise
- Burn
- Concussion
- Cut
- Rash
- Sprain
- Swelling
- Other (please specify) .....

### Illness

Circumstances surrounding child becoming ill, including apparent symptoms: .....

.....

.....

Time of illness: ..... am/pm Date of illness: ..... / ..... / .....

**Action Taken**

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

Medical personnel contacted: Yes / No

If yes, provide details: .....

**Details of person completing this record**

Name: ..... Signature: .....

Time record was made: ..... am/pm Date record was made ...../...../.....

**Notifications (including attempted notifications)**

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

Director/Educator: ..... 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 / follow up:**