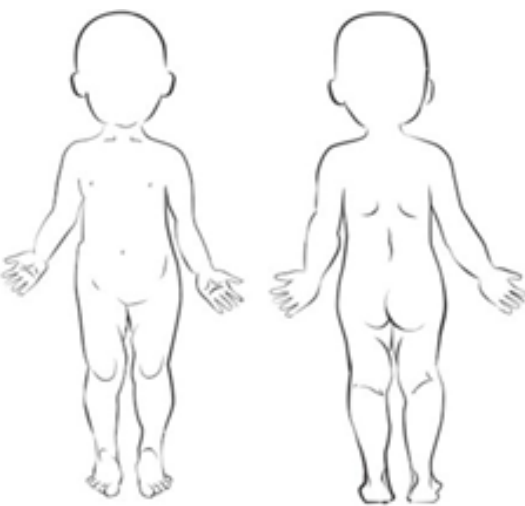


4.5.2 Incident, Illness, Injury, and Trauma Record

Details of Person Completing This Record			
Name			
Position/Role			
Service Name			
Date record was made		Time record was made	AM/PM
Signature			
Child's Details			
Child's Full Name			
Date of birth	Age	Gender	
Incident/Injury/Trauma/Illness Details			
Date		Time	
Location of incident/ injury/trauma/illness			
Name of person who witnessed the incident/ injury/ trauma/ illness			
Witness Signature		Date	
Details of incident/ injury/trauma/illness			

Circumstances leading to the incident/ injury/ trauma/illness (including any apparent symptoms)	
Circumstances if child appeared to be missing or otherwise unaccounted for (incl. duration, who found child, etc.)	
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)	

Nature of injury/trauma/illness:

 <p>Indicate the part of the body affected on this diagram</p>	<input type="checkbox"/> Abrasion / scrape <ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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) <p>.....</p>
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Actions Taken			
Details of action taken (including first aid, administration of medication, etc.)			
Did emergency services attend?	Time emergency services contacted	Time emergency services arrived	
▪ Yes ▪ No	AM/PM	AM/PM	
Was medical attention sought from a registered practitioner / hospital?			▪ Yes ▪ No
If yes to either of the above, provide details			
Provide details of the steps taken to prevent or minimise this type of incident in the future.			
Notifications (including attempted notifications)			
Parent (Name)			
Date		Time	
Nominated Supervisor/ Approved Provider			
Date		Time	
Regulatory Authority (if applicable)			
Date		Time	
Parental acknowledgement			
In signing below, I acknowledge the details of the incident set out above.			
Name			
Signature			
Date			

Complaint Record

Name of complainant:			
Date complaint made:		Time:	
Summary of complaint			
Summary of discussion:			
Resolution sought:			
Further action required by management?			
Planned Action			
Employee Name:			
Signature:			
Date:		Date Approved Provider Notified	