



# Incident, injury, trauma and illness record

**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**: .....

.....  
.....

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

.....  
.....

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

.....  
.....

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

.....  
.....

Name of document:	RLSSWA 1302 - Injury, trauma record – HLTAOD004	
Version Number: 1.0	Location: Standard 1	
Reviewed: 10 <sup>th</sup> September 2018	Next review due: July 2019	
RTO Number: 0854	Written by: RLSSWA	Page 1 of 4



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): .....

.....

.....

.....

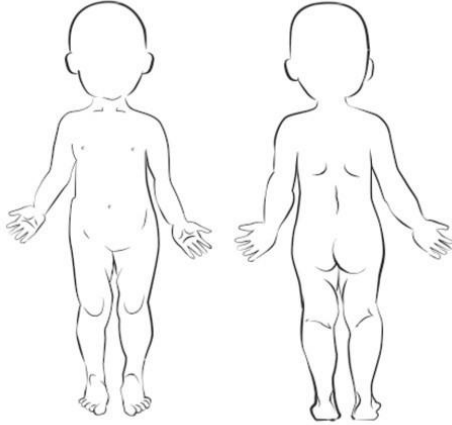
.....

Name of document:	RLSSWA 1302 - Injury, trauma record – HLTAOD004	
Version Number: 1.0	Location: Standard 1	
Reviewed: 10 <sup>th</sup> September 2018	Next review due: July 2019	
RTO Number: 0854	Written by: RLSSWA	Page 2 of 4



**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)

**Action Taken**

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

.....

.....

.....

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: .....

.....

.....

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

Name of document:	RLSSWA 1302 - Injury, trauma record – HLTAOD004	
Version Number: 1.0	Location: Standard 1	
Reviewed: 10 <sup>th</sup> September 2018	Next review due: July 2019	
RTO Number: 0854	Written by: RLSSWA	Page 2 of 4



### 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:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Name of document:	RLSSWA 1302 - Injury, trauma record – HLTAOD004	
Version Number: 1.0	Location: Standard 1	
Reviewed: 10 <sup>th</sup> September 2018	Next review due: July 2019	
RTO Number: 0854	Written by: RLSSWA	Page 3 of 4