



## Incidents, injury, trauma and illness record

Day & date: \_\_\_\_\_ 20\_\_\_\_ Time: \_\_\_\_\_ am/pm

Child's full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Nominated Medical Practice or Medical Practitioner \_\_\_\_\_

Explanation of the incident /injury/trauma or illness ( including the onset of symptoms):

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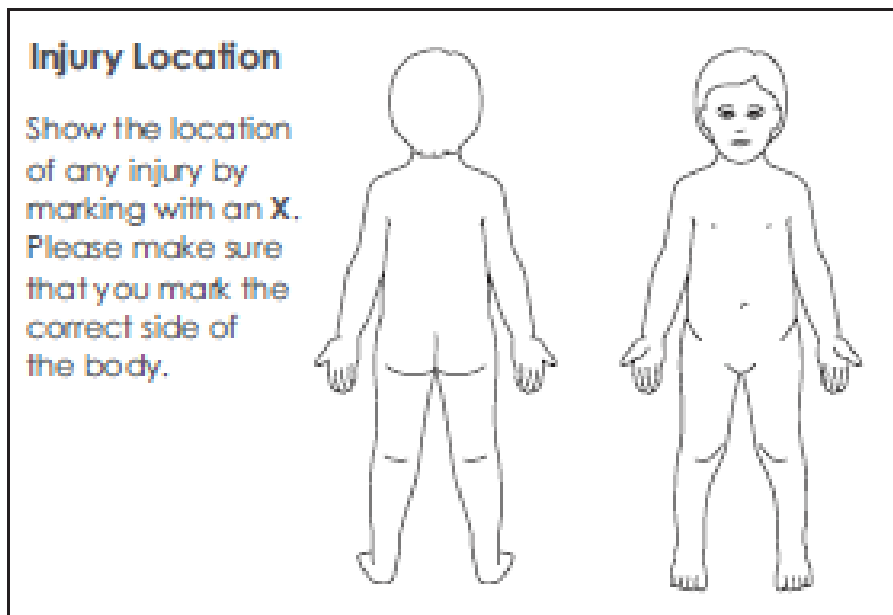
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The action taken by the educator: e.g first aid treatment applied:

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Was the Child's parent / guardian contacted ? Yes / No

Please record the attempts you made to contact the parent/guardian, including the time, how the contact was made (eg by phone, text etc.). Please also describe the outcome of the contact eg the parent came and collected the child

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Did the child require any professional follow up ie Doctor, dentist? Yes / No

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If Yes, you MUST notify the Taree, Great Lakes Gloucester Five Star Family Day Care , service AS SOON AS POSSIBLE, as a 'serious event notification' must be made to DEEWR and ACECQA

You should also contact your insurance provider.

Notification made to Five Star Family Day Care Taree Great Lakes Gloucester service co-ordination unit: Yes / No (give details)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Educator's Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Parent/ guardian's name: \_\_\_\_\_ Signed: \_\_\_\_\_

Would the parent / guardian like us to provide you with a copy of this form ?

YES / NO

Educators please forward this completed and signed report to the Five Star Family Day Care service. A copy will be returned to the educator.

OFFICE USE:
Date received : \_\_\_\_\_ Copied and returned to educator/ parent: \_\_\_\_\_
DEEWR and ACECQA notified if required: \_\_\_\_\_ Filed: \_\_\_\_\_
Nominated supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_