INCIDENT, INJURY, TRAUMA & ILLNESS RECORD

(Education and Care National Regulations- 85, 86, 87, 176)

Child Details				
Child's full name				
Date of birth		Age		Gender
Please tick relevant box below				
☐ incident	☐ injury	☐ trauma	☐ illness	
Date of incident/injury/trauma/illness				
Time of incident/injury/trauma/illness				

Form Declaration			
I declare that this record has been completed as soon as possible and no later than 24 hours after any incident, injury, trauma or illness has transpired whilst the child is being educated and cared for by the Service.			
Details of person completing form			
Name		Date	
Signature		Time Record was completed	
FDC Residence or Approved Venue address			
Due to privacy and confidentiality laws, do not identify the names of any other children involved in the incident/injury/trauma due. A separate form is required for *each* child involved in any incident, injury or trauma event.			

NOTE: Educators are required to document any further changes to this record by writing the time and date next to any areas that have changed from the time and date listed above. The signature of the parent and the signature of the person making the changes must be recorded next to each change.

ILLNESS RECORD

Child's symptoms- circumstances surrounding child's illness	
Time and onset of the illness	

Temperature record	Time temperature was taken

Action taken	
Details of action taken (include first aid, administration of any medication)	
Were medical personnel contacted?	Yes/No
Did emergency services attend?	Yes/No
Was the child transported by ambulance?	Yes/No
Does the illness require the child to be excluded from care?	Yes/No
Does the illness require notification to the Health Department or other recognised authorities?	Yes/No
Recommended minimum exclusion period	
Has the parent/guardian been informed of the exclusion period and medical clearance requirements?	Yes/No

INCIDENT, INJURY, TRAUMA RECORD

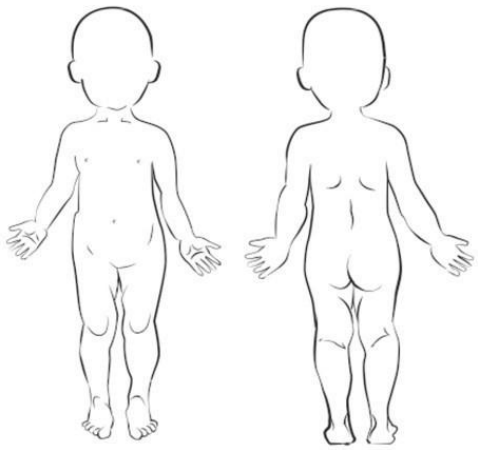
Circumstances leading to the incident, injury or trauma	
Date and Time	

Equipment/resources involved

Location

Circumstances if child appeared to be missing or otherwise unaccounted for (including duration of missing child and who/when the child was found)

Circumstances if child appeared to have been taken from the FDC residence or approved venue or was locked in/out of the FDC residence or approved venue

Nature of injury/trauma sustained - (indicate part of body affected)		
	Abrasions/Scrape Allergic reaction (not anaphylaxis) Bite Broken bone/fracture Bruise Burn/sunburn Choking Concussion Cut	Electric shock Eye injury Infectious disease Rash Seizure (unconscious/convulsion) Sprain Swelling Tooth Venomous bite Other (please specify)

Action taken	
Details of action taken (include first aid, administration of any medication)	
Were medical personnel contacted?	Yes/No
Did emergency services attend?	Yes/No
Was the child transported by ambulance?	Yes/No
Does the illness require the child to be excluded from care?	Yes/No
Does the illness/incident require notification to the Health Department or other recognised authorities?	Yes/No
Recommended minimum exclusion period	
Has the parent/guardian been informed of the exclusion period and medical clearance requirements?	Yes/No

Notifications (Including attempted notifications)				
Contact	Full Name	Time	Date	Successfully contacted Y/N
Parent/Guardian				
FDC Coordinator				
Regulatory Authority Officer (if applicable)				
Medical Authorities / Personnel				

Follow-up Requirements	
Has a medical certificate been provided, stating the child is fit to return to the Service?	Yes/No
Has the medical certificate been submitted into the child's file?	Yes/No

Parent acknowledgement and comments	
I …… (Name of parent/guardian) have been notified of my child's incident, injury, trauma or illness.	
Parent Signature	
Date	
Phone number	
Additional notes/comments	

Nominated Supervisor acknowledgement			
Nominated Supervisor Name			
Nominated Supervisor Signature			
Date		Time	