



Armidale & District Family Day Care Ltd

95 Faulkner Street
Armidale NSW 2350
Ph: 02 6772 5300

Email: admin@afdc.org.au

Incident, Injury, Trauma and Illness Record

Childs Details

Child full Name:
Date of birth: / / Age: Gender: Male Female

Educators Details

Name:
Date and time record was made / / Signature:

Incident details

Incident date: / / Time: am/pm Location:

Name of witness:

Witness signature: Date: / /

General activity at the time of **incident/injury/trauma/illness**:

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Cause of **injury/trauma**:

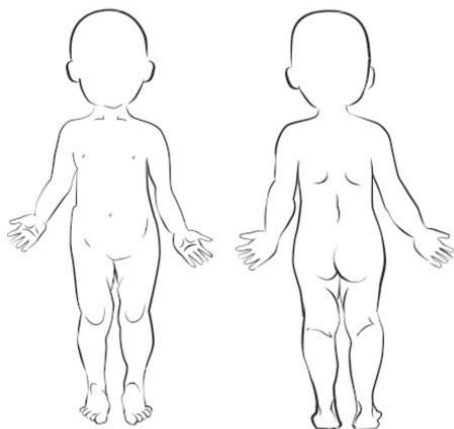
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Circumstances surrounding any **illness**, including apparent symptoms:

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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):

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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:

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

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