



**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: .....

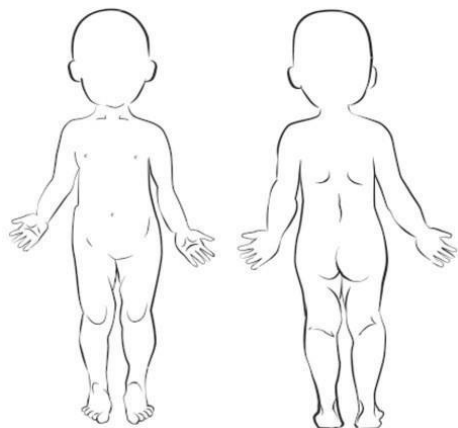
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**Nature of injury/trauma/illness:**

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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**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:**

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