**INCIDENT, INJURY, TRAUMA AND ILLNESS – REPORT FORM**

**Child’s Name**: **D.O.B:** \_\_ / \_\_ / \_\_

**Reporting on**: Incident ☐ Injury ☐ Trauma ☐ Illness ☐ Date :\_\_/\_\_/\_\_ **Time**: \_\_\_\_\_\_\_ am / pm

**Description**: **[Circumstances, location, how, structures or items involved]**

**Nature of Injuries**: **[Where on the body, abrasion, bruise, burn, cut, rash, sprain, fracture, other]**

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

**First Aid Procedures**: **(Include administration of medication)**

**Administered by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witnessed by** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time**: \_\_\_\_\_\_\_ am / pm **Date:** \_\_\_/\_\_\_/\_\_\_\_

Was the parent/guardian contacted ? **YES NO** Time parent/guardian contacted :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of conversation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Staff completing this report :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Supervisor / : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible person

Parent Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Copy to parent ☐ Original to Preschool File☐ Children’s Services/Reg. Authority to be notified: Yes / No