

INCIDENT / INJURY / TRAUMA & ILLNESS REPORT FORM.

- Name of child and age of child.
- Date of incident / injury / trauma / illness.
- Time of incident / injury / trauma / illness.
- Address at which incident / injury/ trauma / illness occurred.
- Details of incident / injury / trauma / illness.
- Cause of incident / injury / trauma / illness.
- Incident first noticed at (time) by (name) and witnessed by (name).
- Action taken following the incident / injury / trauma / illness.
 - First aid administered
 - Follow up action (immediate)
 - Follow up action (to prevent reoccurrence)
 - Was medical attention sought?
(Name of Doctor / hospital)
- Parent / Guardian contacted – YES / NO. Date & time.
- Comment on child's state since the incident / injury / trauma / illness was first noticed (eg eating, drinking, sleep, spots, fever etc) or additional information / follow-up required.
- Educator Signature – date and time.
- Parent's Signature – date and time.
- Copy – original to parent, duplicate to office, triplicate to child's file at educator house.

ADMIN FORMS: INCIDENT INJURY TRAUMA ILLNESS REPORT FORM

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