



JUMBUNNA  
COMMUNITY PRESCHOOL AND  
EARLY INTERVENTION CENTRE INC.  
ABN 49 903 929 508

**Incident, injury, trauma and illness record**

**Details of person completing this record**

Name: ..... Position/role: .....

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

**Child details**

Child's full name: .....

Date of birth: ..... / ..... / ..... Age: ..... Room/Group: .....

**Incident details**

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

Name of witness: .....

Witness signature: ..... Date: ..... / ..... / .....

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

Cause of **injury/trauma**: .....

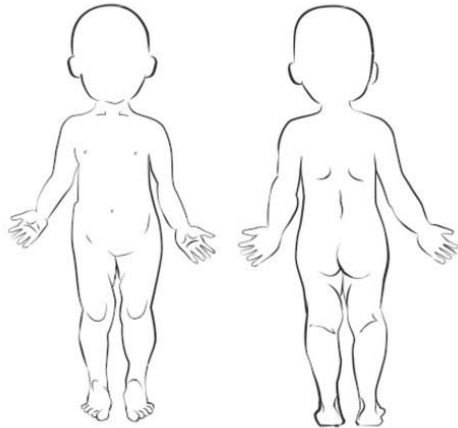
Circumstances surrounding any **illness**, including apparent symptoms: .....

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl duration, who found child etc) OR  
Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who  
took the child, duration): .....

*\*Attach additional details on a separate sheet if needed*

# 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): .....

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: .....

## 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.

Signature: ..... Date: ...../...../.....

*\*Attach additional details on a separate sheet if needed*

