Incident, injury, trauma and illness record

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Fill this in as soon as you can after the child is safe and cared for, and before the end of the day.

Child's name *

Date *

Time *

Where it happened *

What happened *

What the child was doing, what you saw, and what happened before and after.

Injury, trauma or illness *

- ☐ Bump or bruise
- ☐ Cut or graze
- ☐ Bite
- ☐ Burn
- ☐ Head injury
- ☐ Fever
- ☐ Vomiting or diarrhoea
- ☐ Rash
- ☐ Allergic reaction
- ☐ Distress or trauma
- ☐ Other

Details

Where on the body, and how serious it looked.

Marked body diagram

A photo or scan of a body diagram with the injury marked.

Attach: Marked body diagram (PDF, JPEG or PNG)

First aid given *

Was medical help sought? *

- ☐ Yes
- ☐ No

Medical help details
Who was contacted, and what they advised.

Date the parent or guardian was told *

Time they were told *

Witness

Signature *
This record is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____