

Incident, injury, trauma and illness record

Details of person completing this record	
Name	Student's name
Position/role	Room leader
Service name	Little.ly Early Learning Centre
Date record was made	Time record was made
5/09/2023	3.30 [] am [<input checked="" type="checkbox"/>] pm
Signature	
Student's signature	

Child details		
Child's full name	Jess Rashdi	
Date of birth	Age	Gender
11.08.2020	3	[<input checked="" type="checkbox"/>] Female [] Male

Incident/injury/trauma/illness details		
Incident/injury/trauma/illness	Date	Time
	5/09/2023	3.30 [] am [<input checked="" type="checkbox"/>] pm
Location of service	Melbourne	
Location of incident/injury/trauma/illness	Outdoor	
Name of person who witnessed the incident/injury/trauma/illness	Student's name	
	Witness signature	Date
	Student's signature	5/09/2023
Details of incident/injury/trauma/illness	Jess was playing outdoors with a ball her and her peers when she slipped on the grass and got a bruise on her right knee, roughly the size of a 10-cent coin.	

Circumstances leading to the incident/ injury/trauma/illness, including any apparent symptoms

N/A

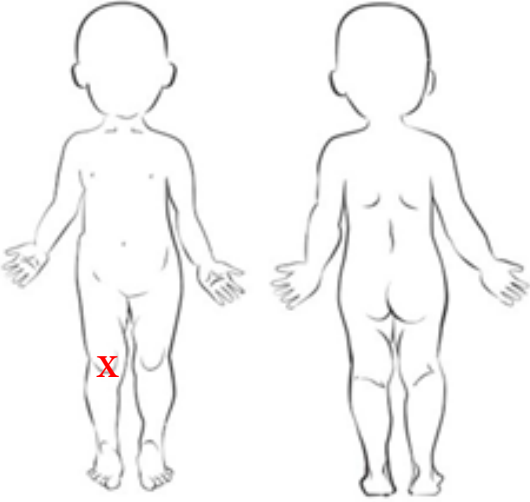
Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl. duration, who found child, etc.)

N/A

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)

N/A

Nature of injury/trauma/illness:

 <p>Indicate the part of the body affected on this diagram</p>	<input type="checkbox"/> Abrasion / scrape <input type="checkbox"/> Allergic reaction (not anaphylaxis) <input type="checkbox"/> Amputation <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma / respiratory <input type="checkbox"/> Bite wound <input checked="" type="checkbox"/> Bruise <input type="checkbox"/> Broken bone / fracture / dislocation <input type="checkbox"/> Burn / sunburn <input type="checkbox"/> Choking <input type="checkbox"/> Concussion <input type="checkbox"/> Crush / jam <input type="checkbox"/> Cut / open wound <input type="checkbox"/> Drowning (non-fatal) <input type="checkbox"/> Electric shock <input type="checkbox"/> Eye injury	<input type="checkbox"/> Infectious disease (incl. gastrointestinal) <input type="checkbox"/> High temperature <input type="checkbox"/> Ingestion / inhalation / insertion <input type="checkbox"/> Internal injury / infection <input type="checkbox"/> Poisoning <input type="checkbox"/> Rash <input type="checkbox"/> Respiratory <input type="checkbox"/> Seizure / unconscious/ convulsion <input type="checkbox"/> Sprain / swelling <input type="checkbox"/> Stabbing / piercing <input type="checkbox"/> Tooth <input type="checkbox"/> Venomous bite / sting <input type="checkbox"/> Other (please specify)
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Action Taken

Details of action taken (including first aid, administration of medication, etc.)

Washed the injured knee and placed a band-aid on it.

Did emergency services attend?	Time emergency services contacted	Time emergency services arrived
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

Was medical attention sought from a registered practitioner / hospital?
 Yes No

If yes to either of the above, provide details

Have any steps been taken to prevent or minimise this type of incident in the future? If yes, provide details.

N/A

Notifications (including attempted notifications)

Parent/guardian/carer

Date	Time
	[] am [] pm

Director/educator/coordinator

Date	Time
	[] am [] pm

Other agency (if applicable)

Date	Time
	[] am [] pm

Regulatory authority (if applicable)

Date	Time
	[] am [] pm

Parental acknowledgement:

I,

(name of parent/guardian/carer)

have been notified of my child's [] incident [] injury [] trauma [] illness.
(Please select either incident/injury/trauma/illness)

Signature	Date

Additional notes: