

Example of Incident and Illness Form, contacting guardians

**Incident/Injury/Trauma**  
**Incident/Injury/Trauma Record**  
(Complete form in black or blue biro ONLY)

Address 3 Wyara Link Ellenbrook 6069 phone No 08 6296 7624  
 Child's Name: Nylen Goswell Date of Birth: 30/10/21  
 Date: 8/11/23 Time of Incident/Injury/Trauma/Illness: 9:55 am/pm

**INCIDENT DETAILS**  
 Circumstances leading up to Incident/Injury/Trauma  
Nylen was on the mattress next to the balance beam when he lost balance and fell forward, hitting his leg side of his side next to his eye, leaving a bruise and a bump.

Any products/structures involved?  YES / NO If yes please describe  
Wooden balance beam

Abrasion, scrape  Cut  
 Bite  Rash  
 Suspected Broken bone or fracture  Sprain  
 Bruise  Bump or Swelling  
 Burn  Other (please specify)  
 Suspected Concussion

**ACTION TAKEN**  
 Ice pack  cold flannel  band aid applied  First aid  
 Other - cuddles

Did emergency services attend? YES /  NO Was the incident INDOOR /  OUTDOOR  
 Was a medical practitioner contacted? YES /  NO If yes to either of the above, please provide details

Name of witness: Danae Milentis Sign: [Signature]  
 Other Educators on duty at time of incident/Injury/Trauma: Asa Baw and Amy Andrijic

Have any steps been taken to prevent or minimize this type of incident in the future? If yes - please describe  
Better supervision when children are on equipment

Does this incident require following up?  YES / NO  
 15 mins - action required YES /  NO - Action taken swelling down with iced  
 30 mins - action required YES / NO - Action taken

**NOTIFICATIONS**  
 Has anyone been contacted?  YES / NO (Parent / Guardian must be contacted for head injuries)  
 [Contacted YES /  NO - Who Mum Time: 10:00 [Contacted YES /  NO - Who Dad Time: 10:00  
 [Contacted YES / NO - Who \_\_\_\_\_ Time: \_\_\_\_\_]  
 Responsible Person notified (of appropriate incidents)?  YES / NO  
 Time: 10am Who was notified? Emily

**Parent / Guardian / Carer acknowledgement**  
 Name: Hayley Stonehouse Signature: [Signature] Date: 8-11-23

**DETAILS OF PERSON COMPLETING FORM**  
 Name: Danae Milentis Position / Role: Traine Date: 8/11/23  
 Time: 10:10 Signature: [Signature]  
 Qualified/Senior educator supervising trainee/casual fill in form: Aisin Paw Signature: [Signature]  
 Director: [Signature] Date: 10/11/23 Signature: [Signature]

**ILLNESS FORM**  
(Complete form in black or blue biro ONLY)

Address 3 Wyara Link Ph 08 6296 7624  
 Child's Name: Avira Patel Date of Birth: 6/6/22  
 Date: 8/11/23 Time Illness first noticed: 1:15 am/pm

**Illness**  
 Circumstances surrounding child becoming ill, including apparent symptoms:  
When waking up, educator noticed she felt warm. After waiting another 5 mins her temp came up as 39.3.

**Details of action taken, including first aid administration of medication:**  
After temp was taken, educators called parent and administered paracetamol.

Temperature - 39.3 Time: 1:15pm Any action Taken: paracetamol administered  
 Temperature - 38.0 Time: 1:50 Any action Taken: water offered, cool flannel applied  
 Temperature - \_\_\_\_\_ Time: \_\_\_\_\_ Any action Taken: \_\_\_\_\_  
 Temperature - \_\_\_\_\_ Time: \_\_\_\_\_ Any action Taken: \_\_\_\_\_

Medical personnel contacted: Yes /  NO If yes, provide details: \_\_\_\_\_

Witness name: Tabitha Manner Sign: [Signature]  
 Other Educators on duty at time illness was noticed: Ruth Fitzgerald, Raunee Sharma

Has anyone been contacted?  YES / NO  
 Time: 1:17pm Time: \_\_\_\_\_  
 (Contacted  yes / no - who mum) (Contacted yes/no - who \_\_\_\_\_) (Contacted yes/no - who \_\_\_\_\_)

Completed by Educator					
Medication name	Dosage given	Time given	Staff sign	Witness sign	Expiry & details check
<b>Date- Reason for medication- high temperature</b>					
<u>Childrens paracetamol</u>	<u>6ml</u>	<u>1:20pm</u>	<u>[Signature]</u>	<u>T. Manner</u>	<u>09:24</u>
<b>Authorised person consent (Parent/Guardian) please initial -</b>					

Name of staff completing form: Tabitha Manner (print full name)  
 Time: 1:23pm Date: 8/11/23 Signature: [Signature]  
 Director: [Signature] Date: 10/11/23 Signature: [Signature]

Parent/Guardian/Carer Signature [Signature] Date 8/11/23