

CHILD INCIDENT REPORT

Child's Full Name: _____

D.O.B: ____/____/____

Age: _____

Gender: ☐ Female ☐ Male

Name of Person Reporting: _____ Position: _____

Date and Time of Report: ____/____/____ am/pm Signature: _____

INCIDENT DETAILS

☐ Injury

☐ Trauma

☐ Illness

☐ Near Miss

Date and Time of Incident: ____/____/____ am/pm ☐ Indoor OR ☐ Outdoor Environment

Describe the Incident: _____

Name of Witness: _____ Signature: _____

INJURY / TRAUMA / ILLNESS

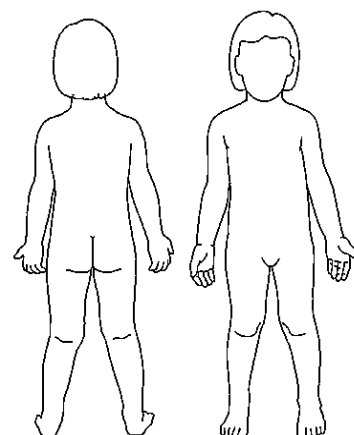
Cause of Injury:

- ☐ Running
- ☐ Fall
- ☐ Trip / Slip
- ☐ Climbing
- ☐ Fall from Height
- ☐ Burn
- ☐ Another Child / Adult
- ☐ Sharp Object
- ☐ Hit by / Bumped into Object
- ☐ Pinched or Caught in
- ☐ Other (please specify)

Type of Injury / Trauma / Illness:

- ☐ Abrasion / Graze
- ☐ Bruise
- ☐ Crush / Jam
- ☐ Bite wound
- ☐ Cut / Open wound
- ☐ Eye Injury
- ☐ Sprain / Swelling
- ☐ Tooth Injury
- ☐ Insect Bite / Sting
- ☐ Burn / Sunburn
- ☐ Other (please specify)
- ☐ Broken Bone / Dislocation
- ☐ Concussion
- ☐ Rash
- ☐ Vomiting / Diarrhoea
- ☐ High Temperature
____ °C ____ am/pm
____ °C ____ am/pm
- ☐ Allergic Reaction
(not Anaphylaxis)
- ☐ Anaphylaxis
- ☐ Asthma / Respiratory
- ☐ Seizure / Convulsion

Body Location:



Details of Action Taken (including first aid, administration of authorised medication etc.) _____

Name of First Aid Provider: _____ Did Emergency Services attend? ☐ Yes ☐ No

Was Medical Attention sought from a Registered Practitioner or Hospital? ☐ No ☐ Yes if yes by whom or where _____

NOTIFICATIONS (only complete if there is immediate concern for the child's wellbeing or if this is a serious incident)

Parent / Guardian / Nominee: _____ Date: ____/____/____ Time: ____ am/pm

Chief Executive Officer (if applicable): _____ Date: ____/____/____ Time: ____ am/pm

Regulatory Authority (if applicable) Date: ____/____/____ Time: ____ am/pm

PARENT / GUARDIAN / NOMINEE ACKNOWLEDGEMENT

I _____ have been notified of the incident as stated in this report

Signature: _____ Date: ____/____/____ Time: ____ am/pm

INCIDENT REVIEW

REFLECTION 'IN ACTION'

'In Action' is to think about and reflect while you are in the moment of managing a situation.

A conscious effort to think about this incident allows us to consider what was positive or challenging and if appropriate plan how it might be enhanced, improved or done differently in future.

When thinking about the incident, the possible injury and your actions, please describe...

What were your immediate actions? _____

Do you believe you managed the situation well? _____

INVESTIGATE THE CIRCUMSTANCES

Were there any contributing factors or identified hazards that may have caused this incident?

- ▶ **Environment:** _____
eg: Indoor, outdoor, building, carpark etc
- ▶ **Equipment:** _____
eg: toys, equipment, furniture etc
- ▶ **Behaviour:** _____
eg: distraction, rough play, confidence, impairment, personality, language, attitude etc

Main Contributing Factors	CORRECTIVE ACTIONS	Responsible Person	Completion Date and Sign
<i>eg: broken bike pedal and raised paver</i>	<i>eg: bike removed, raised paver isolated and both hazards written in maintenance book for repair/replace</i>	<i>eg: person to action</i>	Date: ____/____/____ Sign: _____
			Date: ____/____/____ Sign: _____
			Date: ____/____/____ Sign: _____

PREVENTION

Have there been similar injuries or near misses prior to this one? ☐ No ☐ Yes if yes, please explain _____

What additional preventative actions would you suggest to avoid this incident from happening again? _____

Based on the information indicated in this report, do you believe this incident could have been...

☐ Prevented OR ☐ Not Prevented

Responsible Person: _____ Signature: _____

Position: _____ Date report completed: ____/____/____