

# 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**

Date and Time of Incident: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ am/pm  Indoor OR  Outdoor Environment

**Describe the Incident:**

Name of Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

## INJURY / TRAUMA / ILLNESS

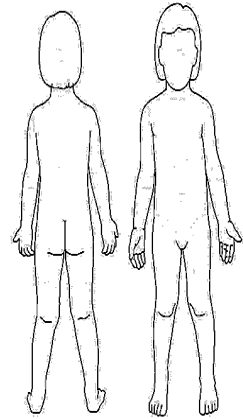
**Cause of Injury:**

- 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

## PARENT / GUARDIAN / NOMINEE ACKNOWLEDGEMENT

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

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

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## 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 look 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: \_\_\_/\_\_\_/\_\_\_