

**INCIDENT / INJURY / TRAUMA / ILLNESS RECORD (CHILD)**

**This form is to record incident/injury/trauma/illness to a child, for all other incident reports use F005 Hazard & Incident Report.**

Surname:	Given Names:
Date of Birth:	Age:

Address:

**INCIDENT/INJURY/TRAUMA/details**

Circumstances leading to the incident/injury/trauma:

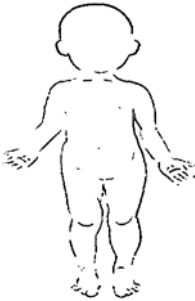
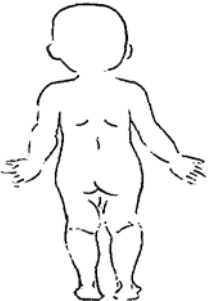
Products or Structures involved:

Location:

Time:  am  pm Date:

Full Name and Location of Witnesses:

**Nature of Injury Sustained:**

<p>Front</p>  <p>Back</p> 	<input type="checkbox"/>	Abrasion, scrape	<input type="checkbox"/>	Concussion
	<input type="checkbox"/>	Bite	<input type="checkbox"/>	Cut
	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Rash
	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Sprain
	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Swelling
	<input type="checkbox"/>	Other (specify)		
	Additional Comments:			

## INCIDENT / INJURY / TRAUMA / ILLNESS RECORD (CHILD)

### ILLNESS REPORT

<b>Illness Details</b>		
Time of Illness:	Date of Illness:	
<b>Action Taken</b>		
Details of action taken, including first aid and administration of medication:		
Medical personnel contacted:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, provide details:		
<b>Details of person completing this record:</b>		
Full Name:	Signature:	
Time record was made:	<input type="checkbox"/> am <input type="checkbox"/> pm	Date record was made:
<b>Notifications: (including attempted notifications)</b>		
Parent/Guardian:	Time:	Date:
Hessel Group Consultant:	Time:	Date:
Regulatory authority (if applicable):	Time:	Date:
<b>Parental Acknowledgement:</b>		
(name of parent/guardian)		
have been notified of my child's incident/injury/trauma/illness.		
Signature:	Date:	
Additional Notes/Follow Up		