

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

This form is to record incident/injury/trauma/illness to a child.

Surname:	Given Names:
Date of Birth:	Age:

Address:

**INCIDENT/INJURY/TRAUMA/details**

Circumstances leading to the incident/injury/trauma:

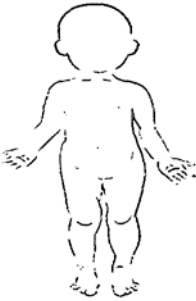
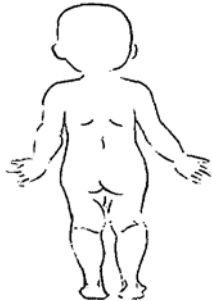
**Products or Structures involved:**

Location:

Time:                                  am                  pm      Date:

Full Name and Location of Witnesses:

**Nature of Injury Sustained:**

<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Front</p>  </div> <div style="text-align: center;"> <p>Back</p>  </div> </div>		Abrasion, scrape		Concussion
		Bite		Cut
		Bruise		Rash
		Burn		Sprain
		Broken Bones		Swelling
		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:		
<b>Medical personnel contacted:</b>	<b>YES</b>	<b>NO</b>
If Yes, provide details:		
<b>Details of person completing this record:</b>		
Full Name:	Signature:	
Time record was made:	am          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		