

- This form must be completed by an Educator whenever an accident or injury occurs or when a child becomes sick,
- Once completed by the Educator it must be signed by the parent / guardian of the child,
- The completed and signed form must be submitted to the office within 24 hours of the accident or injury,
- The Unwell Child Checklist should also be completed if appropriate and supplied to the parent / guardian.

Incident Details

The child has been involved in or sustained (please tick):

- Been involved in an accident however there was no injury - *educator completes sections 1,2, 5 and 6, parent / guardian completes section 7.*
- Sustained an injury - *educator completes sections 1,2, 3, 5 and 6, parent / guardian completes section 7.*
- Become ill - *educator completes sections 1, 4, 5 and 6, parent / guardian completes section 7.*

Section 1 - Child's Details

Surname Given name(s) Date of birth / /

Section 2 - Accident or Injury details

Address of Accident, Injury or Illness State: Postcode:

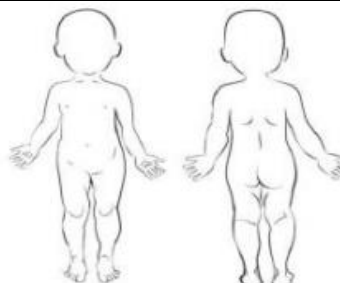
Circumstances leading to the Accident, Injury or Illness (including any products or structures involved)

Section 3 - Nature of Injury sustained

Tick all appropriate from the below

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Abrasion / Scrape | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Broken Bone / Fracture | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Bite |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Other: <input type="text"/> | |
| <input type="checkbox"/> <input type="text"/> | |
| <input type="checkbox"/> <input type="text"/> | |

Indicate on the below the location of the injury



Section 4 - Detail of illness

Provide detail of the child's symptoms here

Section 5 - Action taken

Detail any action taken here including any medication provided

If medication was provided then the Medication Administration Form must also be completed

Where any of the following contacted regarding the injury:

- Emergency Service Yes No Doctor Yes No Nurse on call Yes No Cheeky Pandas Office Yes No

Was the child taken to any of the following:

- Hospital Yes No Doctor Yes No Dentist Yes No

Section 6 - Details of Educator completing this form

Print name Signature Date / /
Time : am/pm

Section 7 - Parent / Guardian's acknowledgement

I acknowledge that I have been notified of my child's accident, injury and /or illness.

Print name Signature Date / /
Time : am/pm