



Accident/Incident/Illness Report

Provide one copy to parents and one copy is kept on child's file.

Date of incident: _____ Time: _____ am/pm

Child's Name: _____ Date of Birth: _____

Location of accident/incident/illness:

Indoors _____ Outdoors _____

Excursion _____ Other _____

Description of what happened leading up to the accident/incident/illness:

Injury sustained/symptoms:

- Bump/Bruise Graze/Cut Stomach ache Headache Vomiting
 Allergic reaction Asthma attack High Temperature Splinter Insect Bite
 Other: _____

Location on body: _____

Treatment required:

- Ice Rest Bandaid Bandage Water Comfort
 Other: _____

If medication (Epipen/Ventolin etc.) required emergency contact must be notified immediately

Additional information: i.e Emergency services called, Child collected from preschool, Executive team called, ACT Department of Education notified, ACECQA notified, action taken to remove risk in future.

Name & Signature of person that responded: _____

Date record made: _____ **Time record made:** _____ am/pm

Parent/Carer notified or attempted to be notified via Phone In person Email

On _____ at _____ am/pm