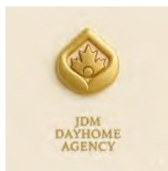


INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

JDM Dayhome Agency - Complete for every incident, injury, trauma, or illness

DETAILS OF PERSON COMPLETING THIS RECORD

Name | **Position / Role**

Service / Dayhome Name | **Date Record Was Made**

Time | **Signature**

CHILD DETAILS

Child's Full Name | **Date of Birth** | **Age**

☐ Gender: Female ☐ Male ☐ Not Specified

INCIDENT / INJURY / TRAUMA / ILLNESS DETAILS

Date of Incident | **Time**

Location of Service | **Location of Incident (specific area)**

Name of Witness | **Witness Signature**

Date

Details of incident / injury / trauma / illness

NATURE OF INJURY / TRAUMA / ILLNESS - CHECK ALL THAT APPLY

☐ Abrasion / scrape	☐ Allergic reaction (not anaphylaxis)	☐ Amputation
☐ Anaphylaxis	☐ Asthma / respiratory	☐ Bite wound
☐ Bruise	☐ Broken bone / fracture / dislocation	☐ Burn / sunburn
☐ Choking	☐ Concussion	☐ Crush / jam
☐ Cut / open wound	☐ Drowning (non-fatal)	☐ Electric shock
☐ Eye injury	☐ High temperature	☐ Infectious disease (incl. gastrointestinal)
☐ Ingestion / inhalation / insertion	☐ Internal injury / infection	☐ Poisoning
☐ Rash	☐ Respiratory	☐ Seizure / unconscious / convulsion
☐ Sprain / swelling	☐ Stabbing / piercing	☐ Tooth
☐ Venomous bite / sting	☐ Other (specify below)	

Other (specify)

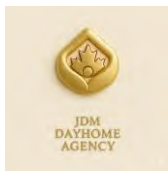
ACTION TAKEN

Details of action taken (including first aid, medication administered)

Did emergency services attend? Yes / No | **Time EMS Contacted**

Time EMS Arrived | **Was medical attention sought from a registered practitioner / hospital? Yes / No**

If yes, provide details



PREVENTIVE STEPS AND NOTIFICATIONS

Preventive steps taken / recommendations

Parent / Guardian Notified	**Date / Time**
Agency Representative Notified	**Date / Time**
Reportable to Licensing? Yes / No	**Government Incident Report Completed? Yes / No**

SIGNATURES

Educator / Person Completing Form		**Parent / Guardian**		**Agency Representative**	
Signature	Date	Signature	Date	Signature	Date