family day care

Minor incident, injury, trauma and illness form

Complete this form to record minor incidents, injuries, trauma and illness. This form must be kept in a confidential file or folder. For information about what is a minor incident/injury/illness and what is a serious incident/ injury/illness refer to Incident, illness and injury record and reporting operational guide. For a serious incident, injury, trauma or illness please use the appropriate form on the Hub.

Child's Name	DOB / Age	Date	Time

WHERE: where was the child when the minor incident/injury occurred, or illness symptoms noted?	
WHAT: details of minor incident/injury/illness symptoms including bodily location? If injury relates to a minor head injury (of any kind) please send this form immediately to scheme for assessment	
HOW: describe what happened, what was the cause (if known)?	
WHO: who witnessed the incident/injury/illness?	
TREATMENT: what you did to comfort the child, any first aid provided, and how did the child respond?	

Details for contacting parent/guardian:	
NAME:	TIME:
METHOD:	NOTES:
Educator signature/initials Date/Time:	Parent/guardian signature/initials Date/Time: