

4.7B Incident, Injury, Accident Report Form

This form is to be completed by the educator and a copy forwarded to NSW In-Home Care Service office. Complete this form only if any of the following things occur: a person involved in an incident requires third party medical treatment, e.g. doctor, dentist, ambulance, hospital; or the child is removed from care as the result of an incident; or a claim or notice of intent to claim form a third party, e.g. a parent is received either verbally or in writing.

Records of any injury to a child must be held until that child has turned 25 years of age, unless a claim has been brought and disposed of in the meantime. NB: Under no circumstances should you admit that the incident or injury was your fault. This is for the insurance investigators to determine.

Educator Name:	Date: / /
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Child's Name:	Date of Birth: / /	Gender:
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A copy has been forwarded to NSW In-Home Care Service Yes No

Who was involved in the Incident?

Full Name:	Age:
Full Name:	Age:
Full Name:	Age:

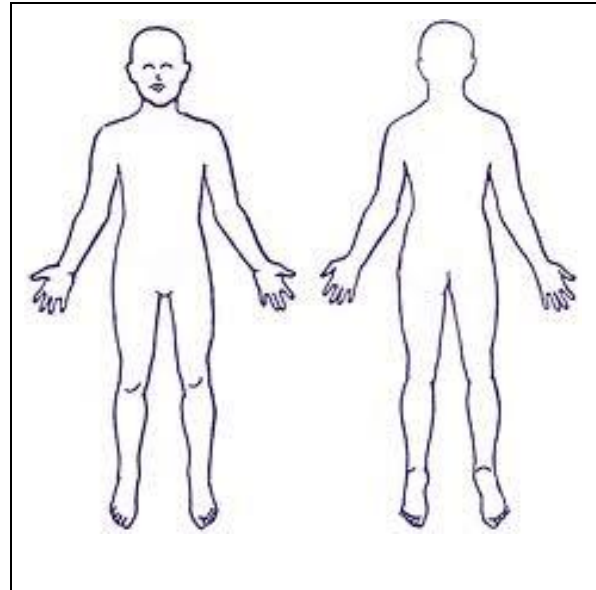
Describe any property damaged in the incident:

Describe the treatment/First Aid administered to the child/children:

Give the fullest description of what occurred and describe any injury (attached more paper if required):

Injury Location

Show the location of any injury by marking with an X. Please make sure that you mark the correct side of the body.



Did you seek medical assistance for the person/s injured? Yes No

If yes what was the attending Practitioner name?

Name of Practitioner:

What was the outcome?

In the case of Injury to a child or children, did you advise a parent or guardian of the Incident?

Yes No

Name of parent:

What was the parent's reaction?

Time and date that the parent was contacted: _____

Did the parent/guardian seek Medical assistance for the person's injured? Yes No

If yes what was the attending Practitioners name?

Name of Practitioner: _____

What was the outcome?

Did the injury include any broken bones? Yes No

Has the child been removed from your care? Yes No

If Yes, will the child return to your care? Yes No

Date of Return: / /

Did you advise NSW In-Home Childcare Staff about the incident within?

24 hours of it occurring? Yes No (If yes who did you advise?)

Name of Staff member: _____

Telephone number: _____

Date advised: / /

Time advised: AM/PM

In-Home Care Unit: _____

We police involved? Yes No

If yes give details of involvement and contact details of officer's or police station involved:

Can you make any other comment to help with understanding what happened?

Declaration: I declare that the information written in this form is true and correct to the best of my knowledge.

Print Full Name: _____

Signature: _____

Date: / /