



Preschool Incident, Injury, Trauma or Illness Record

Name of child:						
Age of child:			Date of incident:			
Date incident was recorded on IITI form:			Time incident was recorded on IITI form:			
Name of person completing this record:			Signature of person completing this record:			
Please circle: Incident Injury Trauma Illness			Time of incident/injury or onset of illness:			
Details of, and circumstances leading to incident, injury, trauma or illness: (include left or right where applicable)						
Name of any witness:						
Details of action taken by the service						
First Aid administered:						
Any medication administered:			Time medication administered:			
If medication was administered has administration of medication form been completed? yes / no						
Record of contact and any attempted contact to notify parent/carers:	Time & date of 1 st attempt	Contact made	Time & date of 2 nd attempt	Contact made	Time & date of 3 rd attempt	Contact made
		yes / no		yes / no	yes / no	
Please circle how the parent was notified:						
IITI record scanned and emailed		Phone call		Provision of IITI record upon pick up		
Parent/Carer name:			Parent signature:			
Medical Personnel contacted: yes / no						
Name of medical personnel contacted:						
Time medical personnel contacted:			Date medical personnel contacted:			
First Aid Officer providing treatment:						
Name:			Signature:			