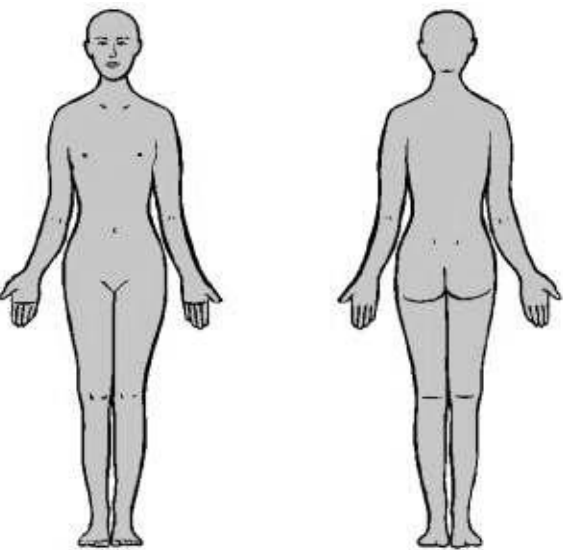
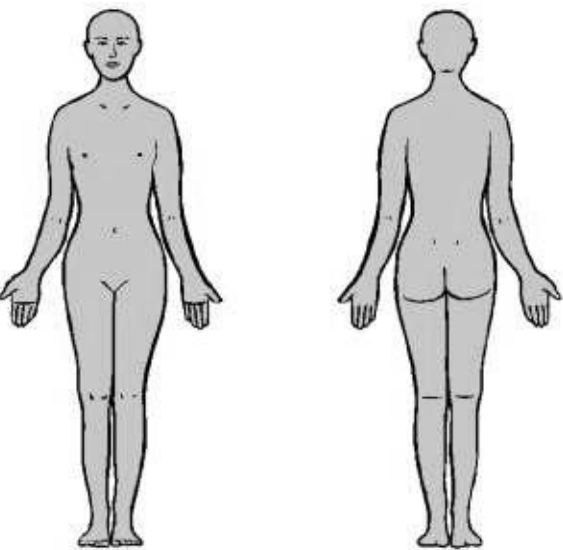


Incident Report

Incident / Accident Reporting Form

Date	Time		
Location of Incident/Accident:			
Personal particulars of affected person	Name		DOB
	Address		
	Phone Number		
Parent / Guardian Advised or Contacted:	YES	NO	Name of person contacted
By Whom: Designation:			Number contacted
Activity being conducted:			
Location of injury			
<input type="checkbox"/> Head	<input type="checkbox"/> Face		
<input type="checkbox"/> Ear	<input type="checkbox"/> Eye		
<input type="checkbox"/> Nose	<input type="checkbox"/> Mouth		
<input type="checkbox"/> Teeth	<input type="checkbox"/> Neck		
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Chest		
<input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Back		
<input type="checkbox"/> Arm	<input type="checkbox"/> Elbow		
<input type="checkbox"/> Forearm	<input type="checkbox"/> Wrist		
<input type="checkbox"/> Hand	<input type="checkbox"/> Finger		
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Pelvis		
<input type="checkbox"/> Groin	<input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee	<input type="checkbox"/> Leg		
<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot		
<input type="checkbox"/> Toe	<input type="checkbox"/> Other		
Nature of injury (provide a brief description of events)			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
Was First Aid	YES	NO	Administered by:

administered?				
Transported to Medical attention?	YES	NO	Where:	
What Medication / Treatment given			



Complete the following when dealing with matters pertaining to suspected / actual events of child abuse.

The following should be completed to the best of your knowledge and ability without consultation with other persons.

When documenting any indicators of child abuse remember to:

- record the information as soon as possible, including dates and times.
- document suspicions of abuse in a separate record
- start a new entry if, at a later date, there is new information or further suspicions of abuse
- cross out and initial any mistakes and continue documenting –
- **do not use white-out**
- make sure the entry is complete, then sign and date it
- hand write your own documentation in your own words, using pen

My Name is:

The time now is:am/pm Today's Date is:

This entry refers to *(name of affected child)* Name:

This entry refers to my **Actual observations / Suspicions** *(circle appropriate answer)*

Describe the size, color and shape of any injury *(for example, bruises, marks, burns)*

.....
.....
.....
.....
.....
.....

Document the **facts** without personal judgements, opinions, conclusions, or medical/emotional diagnosis

What I actually saw was.....
.....
.....
.....
.....

