

Croydon Shire Council Child Care Centre



Accident/Incident Report

Date _____ Time of Incident _____

Name _____ D.O.B _____

Location of Accident/Incident

Equipment Involved

Nature/Circumstances of Accident/Incident (please provide full details)

Name and Location of any witnesses

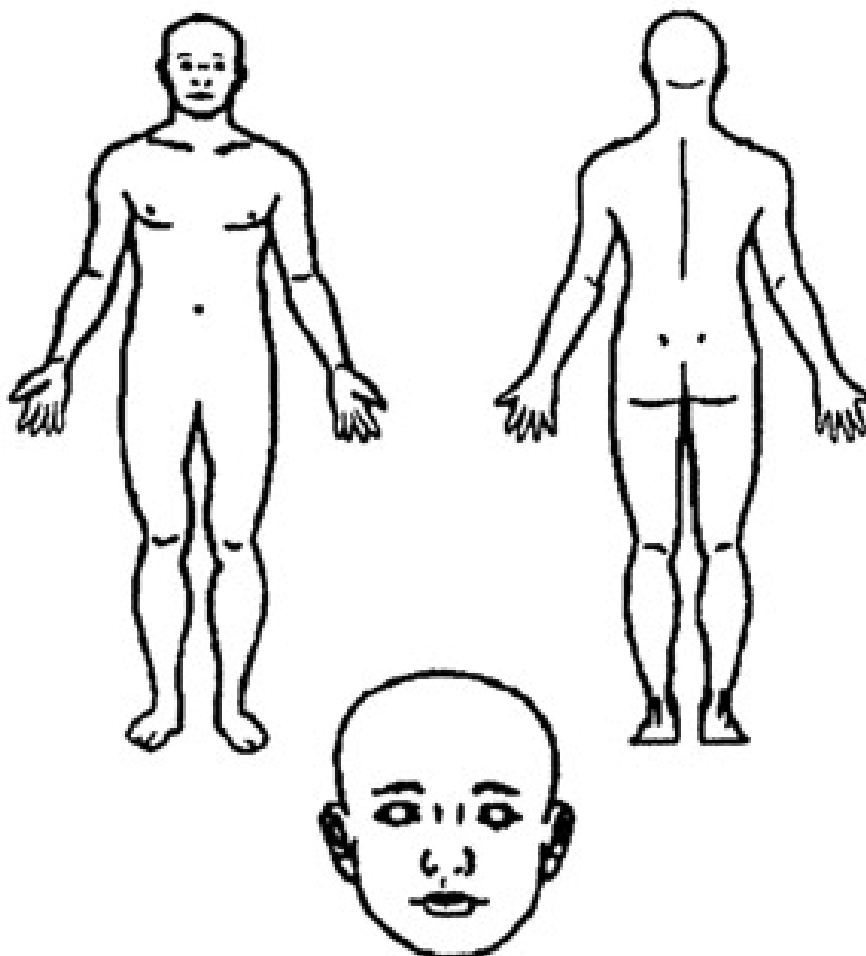
Details of any action taken and by whom

Croydon Shire Council Child Care Centre



First Aid Administered and by Whom

Injury Sustained and Location (please provide full details and mark on body chart)



Croydon Shire Council Child Care Centre



Ambulance called Y/N Time _____ By Whom _____

Parent/Guardian Notified Y/N Time _____ By Whom _____

Person Contacted and Means of Notification

OECEC Notified Y/N Date/Time _____ By Whom _____

Person Contacted and Means of Notification

Was a Reporting of Harm, Reporting of Serious Injury or Reporting of a Death
Form Submitted?

Y/N

(if yes please copy and attach)

Outcome Details

(please attach any supporting documentation and correspondence from OECEC)

Parent Name & Signature _____ Date _____

Group Leader Name & Signature _____ Date _____

Assistant Name & Signature _____ Date _____

Director Name & Signature _____ Date _____

Licensee Name and Signature

_____ Date _____

(only needed if Form 25, Form 27a or Form 27b submitted)