

Playcentre Aotearoa's Serious Harm Investigation Form



Use this form (or equivalent) for all accidents requiring **outside assistance**, notification as a **notifiable event or notifiable illnesses, or adult accidents/injuries**.

PLACE AND TIME OF ACCIDENT/ INJURY/ILLNESS

Date and time of event			
Name of Centre		Playcentre Regional office	
Location within Centre			

AFFECTED PERSON DETAILS

Full name of affected person	
Child: Age Adult: Position at Centre	
Address	
Physical description of injury/illness You may like to draw a picture showing injury to body on back of form.	

ACCIDENT/ILLNESS DETAILS

Describe what happened and what caused the accident or the presentation of the illness
Describe what treatment was given or the action taken (including what assistance was called).



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FUTURE SAFETY CONSIDERATIONS

What action has been taken or will be taken to prevent reoccurrence?
If involving a hazard, is the hazard entered on the Hazard and Risk Register?

FORM COMPLETED BY

Name: _____ Signature: _____ Date: _____

Signed by parent/ whānau of the injured child: _____ Date: _____

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- ACTION REQUIRED NOW:**
1. Call your Regional Office immediately. They will contact the Ministry of Education.
 2. Send a copy of this form to your Regional Office within 48 hours.

****A copy of this record must be retained on site at Centre for 5 years following the incident****

