

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

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| 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? |
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| 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****

