

Playcentre Aotearoa's Serious Injury, Illness, Incident Form



Use this form (or equivalent) for all accidents requiring **outside assistance**, notification as a **notifiable event (including injury or incidents) or notifiable illnesses**.

PLACE AND TIME OF INCIDENT/ 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/incident You may like to draw a picture showing injury to body on back of form.	

INCIDENT/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 and who did what).



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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: _____

- ACTION REQUIRED NOW:**
1. Call your Regional Office immediately. They will contact the appropriate agencies (such as Worksafe, Ministry of Health) and the Ministry of Education as soon as possible
 2. Send a copy of this form to your Regional Office within 48 hours.

Regional Office Use:

Regional office (Service Provider) should contact the appropriate specified agency as soon as possible following notification and notify the Ministry of Education at the same time. Record details and any required next steps below

Notification Received: _____ (Date and Time)

Notified Specified Agency: _____ (which agency and when)

Notified Ministry of Education: _____ (date & time)

Further Action Required:

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

