## NOTIFICATION OF STUDENT INJURY, ILLNESS AND INCIDENT FORM

Please refer to the Student Injury, Illness and Incident Reporting Procedure when completing this form. This form is to be completed in full, electronically or as a hard copy, and forwarded by email to Employee Services on [es.studentinjury@mn.catholic.edu.au](mailto:es.studentinjury@mn.catholic.edu.au) as soon as possible after the incident.

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| **1. STUDENT DETAILS** | | | | | | | | |
| Surname: | | | Given names: | | | | | |
| Date of birth: | | | Age: | | | Male  Female | | |
| Class year: | | | Home address: | | | | | |
| School: | | | | | | | | |
| **2. TYPE OF INJURY/ILLNESS/INCIDENT** | | | | | | | | |
| Medical treatment only | | | Yes  No | | | | | |
| Medical treatment and lost school time | | | Yes  No | | | | | |
| Notifiable incident to SafeWork NSW | | | Yes  No | | Reported? | | | Yes  No Unsure |
| Notifiable infectious diseases of childhood | | | Yes  No | | Reported? | | | Yes  No Unsure |
| **3. WHERE INJURY/ILLNESS/INCIDENT OCCURRED** | | | | | | | | |
| Did the incident occur at school? | | | Yes  No  (If No, go to next section) | | | | | |
| Please indicate where the incident occurred at school | | | | | | | | |
| Classroom | | Playground | | Play equipment | | | Canteen area | |
| Sports field | | COLA | | Other (please provide details | | | | |
| Indicate where the incident occurred if other than at school, and provide details and risk assessment (attach additional documents as required). | | | | | | | | |
| Excursion | Details of incident  Risk assessment: | | | | | | | |
| Sporting activity | Details of incident:  Risk assessment: | | | | | | | |
| Work experience/work placement | Details of incident:  Risk assessment: | | | | | | | |
| Other | Details of incident:  Risk assessment: | | | | | | | |
| **3. TIME AND DATE OF INCIDENT** | | | | | | | | |
| Date of incident: | | | Time of incident: | | | | | |
| **4. SUPERVISION AND REPORTING** | | | | | | | | |
| Name of person supervising at time of incident: | | | | | | | | |
| Contact details: | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Is this the same person the incident was reported to? Yes  No | | | | | | | |
| Name of witness to the incident: | | | | Contact details: | | | |
| Has an incident investigation been carried out? Yes  No | | | | If No, will an investigation be done? Yes  No | | | |
| **5. NATURE OF THE INJURY SUSTAINED** | | | | | | | |
| Contusion/crush | Burn | | Dislocation | | | Laceration/open wound | |
| Possible concussion | Suspected fracture | | Impalement | | | Unconsciousness | |
| Other  (Please provide details) | | | | | | | |
| **6. LOCATION OF INJURY** | | | | | | | |
| Head/face | Hand/fingers  Left  Right | | Hip/leg  Left  Right | | | | Eye  Left  Right |
| Foot/toes  Left  Right | Arm/shoulder  Left  Right | | Back | | | | Neck |
| Trunk (other than back) | Suspected Internal organs | | | | | | |
| Circumstances leading to the incident/injury/trauma: | | | | | | | |
| Product, structures or equipment involved: | | | | | | | |
| **7. ILLNESS (AS PER DEFINITION IN STUDENT INJURY, ILLNESS AND INCIDENT REPORTING PROCEDURE)** | | | | | | | |
| Circumstances surrounding student becoming ill, including apparent symptoms: | | | | | | | |
| Time of illness: | | | Date of illness: | | | | |
| **8. ACTION TAKEN** | | | | | | | |
| Details of action taken, including initial first aid, administration of medication, etc.: | | | | | | | |
| Medical personnel contacted: Yes  No  If Yes, provide details: | | | | | | | |
| **9. DETAILS OF PERSON COMPLETING THIS RECORD** | | | | | | | |
| Name: | | | Signature: | | | | |
| Time record was made: | | | Date record was made: | | | | |
| **10. NOTIFICATIONS (INCLUDING ATTEMPTED NOTIFICATIONS)** | | | | | | | |
| Parent/guardian: | | Date: | | | Time: | | |
| Director/AD/teacher/coordinator | | Date: | | | Time: | | |
| Regulatory authority (if applicable): | | Date: | | | Time: | | |