

[illegible]

Name of authorised person/parent contacted about the incident.		Date		Time	
		Date		Time	
		Date		Time	
Details of parent notification if applicable:					
Name of witnesses other than the educator:			Signature		

Medical assistance sought? Yes/No by the Educator / Parent <i>Reason why medical assistance was or was not sought by the educator:</i>	
<i>If medical assistance was sought please list details of clinic and doctor</i>	
Clinic:	Doctor:
Details of medical treatment: <i>(Describe in full – Please use back of page if)</i>	
Details of any further follow up action required or undertaken:	

Educator Name:			
Address:			
Phone:		Mobile:	

Name of person completing the record:		Parent/Guardian:	
Signature:		Signature:	
Date and Time the record was make		Date:	

OFFICE USE:			
Practice Mentor:			
Signature:		Date received at Scheme:	