

3D ARTS

3d Arts Company Injury & Illness Report

Injured person's name: _____

Injured person is a (*circle one*): Staff member / Student / Community member

Date and time of incident: _____

Incident occurred (*circle one*): During class time / Outside class time

Location incident occurred: _____

Supervising staff member(s) (*if applicable*): _____

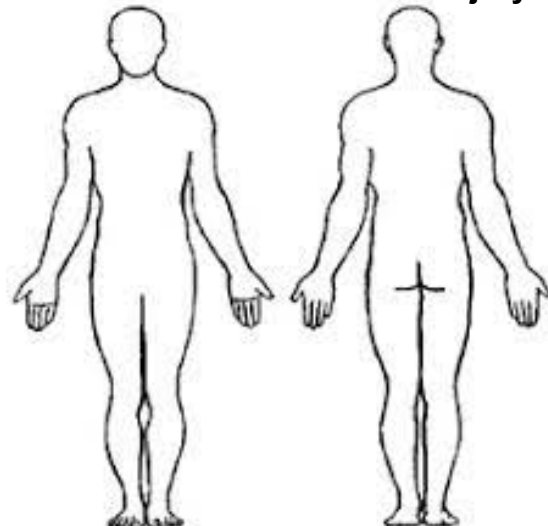
Describe the incident and how it occurred: _____

Who saw the incident take place?: _____

Type of injury:

- Abrasion/Scrape
- Allergy/Anaphylaxis
- Asthma/Respiratory issue
- Bruise
- Burn
- Cardiac problem
- Concussion/Head injury
- Cut/Laceration/Puncture
- Illness
- Loss of consciousness
- Seizure
- Sprain/strain
- Other: _____

Mark the location of the injury



List any equipment or other factors which contributed to the injury (eg inappropriate footwear, rough play, tripping hazards): _____

Describe any treatment given: _____

Who provided treatment? _____

What happened after treatment? (*choose all applicable*)

- | | |
|---|---|
| <input type="checkbox"/> Returned to class to participate | <input type="checkbox"/> Returned to class to watch |
| <input type="checkbox"/> Further medical attention required | <input type="checkbox"/> Ambulance called |
| <input type="checkbox"/> Student collected by parent/carer | |
| <input type="checkbox"/> Other: _____ | |

Were parents/carers contacted?: Yes / No

If yes, provide details: _____

Any other information to add?: _____

This form was completed by: _____

Date: _____ Signed: _____