PEARLS OF WISDOM

Injury Report Form

Report submitted by _____

In role as ☐ Support Worker ☐ Person directing support / family member ☐ Other _____

Name of injured party _____

Address _____

Contact Number: _____

Date and time of incident / / 20 at : am / : pm

Where did the incident occur e.g. in kitchen of persons home, at TAFE class, on train

Were others present? ☐ Yes ☐ No

Names & contact details of witnesses if any:

Give details of what occurred. Report facts only:

Nature of injury to person e.g. sprain, open wound, broken bone, scratch, bruising, burn:

Location of injury e.g. head, right leg, left shoulder, forehead:

Treatment required:

☐ Nil ☐ First Aid ☐ Doctor ☐ Hospital ☐ Other _____

Attach any medical certificates.

Procedure followed by staff member if present e.g. administered First Aid (give details of what 1st Aid was given)

Follow up procedures required:

Organisations / name of person injury reported to:

☐ Family: _____

☐ Other: _____

Signature: Date: