

Incident Report Form



This form is to be completed by the policy holder of Family Day Care Australia's public liability insurance. It can be used by family day care educators, in-home carers or co-ordination unit staff where the coordination unit holds the insurance policy.

Complete this form only if any of the following things occur: a person involved in an incident requires third party medical treatment, eg doctor, dentist, ambulance, hospital; or the child is removed from care as the result of an incident; or a claim or notice of intent to claim from a third party, eg a parent is received either verbally or in writing.

Records of any injury to a child must be held until that child has turned 24 years of age, unless a claim has been brought and disposed of in the meantime. **NB: Under no circumstances should you admit that the incident or injury was your fault. This is for the insurance investigators to determine.**

Policy Holder Details

FIRST NAME	LAST NAME	CA#
ADDRESS		SUBURB
STATE	POSTCODE	PHONE ()
FAMILY DAY CARE/IN-HOME CARE SERVICE		

Incident Details

DATE OF INCIDENT / /	TIME OF INCIDENT : AM/PM
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Who was involved in the incident?

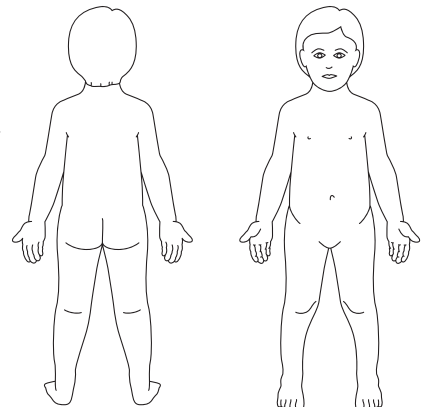
FULL NAME	AGE
FULL NAME	AGE
FULL NAME	AGE

Describe any property damaged in the incident:

Give the fullest description of what occurred and describe any injury (attach more paper if required):

Injury Location

Show the location of any injury by marking with an **X**. Please make sure that you mark the correct side of the body.



Did you seek medical assistance for the person/s injured?

YES NO If YES, what was the attending doctor's name?

NAME OF DOCTOR

What was the outcome?

In the case of injury to a child or children, did you advise a parent or guardian of the incident?

YES NO If YES, how did you advise, eg phone, in person?

NAME OF PARENT

What was the parent's reaction?

Did the parent/guardian seek medical assistance for the person/s injured?

YES NO If YES, what was the attending doctor's name?

NAME OF DOCTOR

What was the outcome?

Did the injury include any broken bones? YES NO

Has the child been removed from your care?

YES NO If Yes, will the child return to your care? YES NO

DATE OF RETURN

Did you advise staff at the family day care coordination unit or in-home care service office of the incident?

YES NO If YES, who did you advise?

NAME OF STAFF PERSON

TELEPHONE NUMBER
()

DATE ADVISED

TIME ADVISED

AM/PM

FAMILY DAY CARE COORDINATION UNIT/ IN-HOME CARE SERVICE

Were police involved?

YES NO If YES, give details of involvement and contact details of officer/s or police station involved:

Can you make any other comment to help the insurer understand what happened? Please attach a separate sheet of paper if space is insufficient.

Declaration: I authorise Family Day Care Australia or their representative, to make any necessary checks of current or prior insurers. I also authorise my Family Day Care or In-Home Care service to release to Family Day Care Australia any information that it holds which is relevant to the above incident.

SIGNATURE OF INSURED

DATE

Make **two** copies of this form. Keep one copy for your own records. If required, forward the other copy to your Family Day Care or In-Home Care scheme office for their records. **The original Incident Report Form is to be forwarded to: Incident Reports, Family Day Care Australia, PO Box 571, Gosford NSW 2250.**

Privacy Statement: The personal information requested on this form is collected by Family Day Care Australia on behalf of XL Insurance at Lloyd's of London for the purpose of reporting an incident or injury to a person in connection with your Family Day Care or In-Home Care service. The personal information will be used by Family Day Care Australia and Lloyd's of London for that primary purpose or directly related purposes only. You may apply to Family Day Care Australia for access to and/or amendment of the information. (February 2011)