



I01 Notification of Incident

Thank you for submitting your notification. Below is a copy of the information provided in your notification. If there are any issues, please contact your [Regulatory Authority](#) for assistance.

Notification of Incident

Provider

Provider Name	The Burgmann Anglican School
Provider Number	PR-00005811
Provider Approval Status	Approved

Service

Service Legal Entity Name	THE BURGMANN ANGLICAN SCHOOL
Service Trading Name	Burgmann Anglican School Early Learning Centre
Service Approval Number	SE-40016077
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	7/05/2024
Incident Time	07/05/2024 12:10 PM
Location	Indoors
Sub Location	Play space/classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Other
Cause of Injury/Trauma (Other)	Child said they bumped their head whilst sitting on the teacher's chair reading a book
Did Emergency Services attend	No
Further Details of the Incident	P01 approached an educator P01 saying he bumped his head whilst he was sitting on a chair reading a book. He did not tell her where he bumped his head but showed the area (back of head)
Details of Action Taken (e.g. First Aid)	P01 's head was checked for lumps and any sign of head injury - there were no signs and he acted as his usual self for the rest of the day.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 was called the following day (9.00am 8/5/2024) after she emailed (10.57pm 7/5/2024) notifying of his visit to hospital and to confirm if there had been any head knocks.
Name of Witness to the incident	Not witnessed

Submitted By: **P01 P01**



Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

Photos and Evidentiary Documents

P01 P01
Incident Report.pdf

P01 P01 Incident Report

Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P01
Parent(s)/Guardians(s) Name	P01 (Mother)
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Head Injury/Concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03