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| Record of Existing Injuries |
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| Name of child: |  |
| Today’s date:  |  |
| Date injury occurred: |  |
| Name of person informing the setting: |  |
| Relationship of person to the child: |  |
| Name of setting staff member being informed: |  |
| How did the injury happen?  |
| Are there any visible marks, bruises or injuries (describe size, shape, colour and location)? |
| Was treatment given? |
| Was medical advice sought (include GP Surgery or hospital details)? |
| Additional information or comments: |
| Signature of person providing theinformation: |  |
| Staff member’s signature: |  |
| Date and time: |  |
| **Staff member - remember to complete the ‘Existing injury follow up form’ if further information is required** |

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