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| Record of Existing Injuries |
| |  |  | | --- | --- | | 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 the  information: |  | | Staff member’s signature: |  | | Date and time: |  | | **Staff member - remember to complete the ‘Existing injury follow up form’ if further information is required** | |   Body and faceBody and face  Body and face  Body and face  Body and face | |