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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 the****information:** |  |
| **Management team signature:** |  |
| **Date and time:** |  |
| **Management Team - Remember to complete the ‘existing injury follow up form’ if further information is required.** |

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