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