

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	

