

Existing Injury Form

Name of child:	Date of Birth:
<u>How has the injury occurred?</u> Details of the person providing an explanation of the injury: (i.e. parent, child - <i>please include their name</i>): Explanation of the injury: Date:	
<u>Description of where the injury is and what it looks like</u> Details of the person describing the injury: (i.e. parent, child, member of staff, <i>please include their name</i>): Description of the injury: Date:	
Name and role of person completing this form: Signature Date: Time:	
Parent/carer's name and signature: Date: Time:	