



## Existing Injuries Record

**To be completed by the parent / carer and the childcare practitioner in instances where a child arrives at nursery with an existing injury;**

Day:  Date:  Time:

Name of the Child:  DOB:

Name of person reporting the existing injury:

Relationship to the child:

Name of childcare practitioner supporting the completion of this form:

Was this existing injury notified to practitioners at the start of the session: YES / NO

Was this existing injury notified to practitioners during the session (i.e. by telephone): YES / NO

Did practitioners notice this existing injury during the session?: YES / NO *(If yes, please describe how the injury was found, and also the reason it is believed it is in fact an existing injury and that it has not occurred at nursery during the session.)*

Description of how the injuries occurred – i.e. where, when and how it happened:

Persons present when the injury occurred (including witnesses):

Description of the injuries sustained:

**Please identify the injuries sustained on the body map overleaf**

Was Medical Treatment or Advice Sought YES / NO (If yes, please describe below:)

Further Notes or Information:

I  the named person who has reported the identified existing injuries, declare that the details described in this report is a true account.

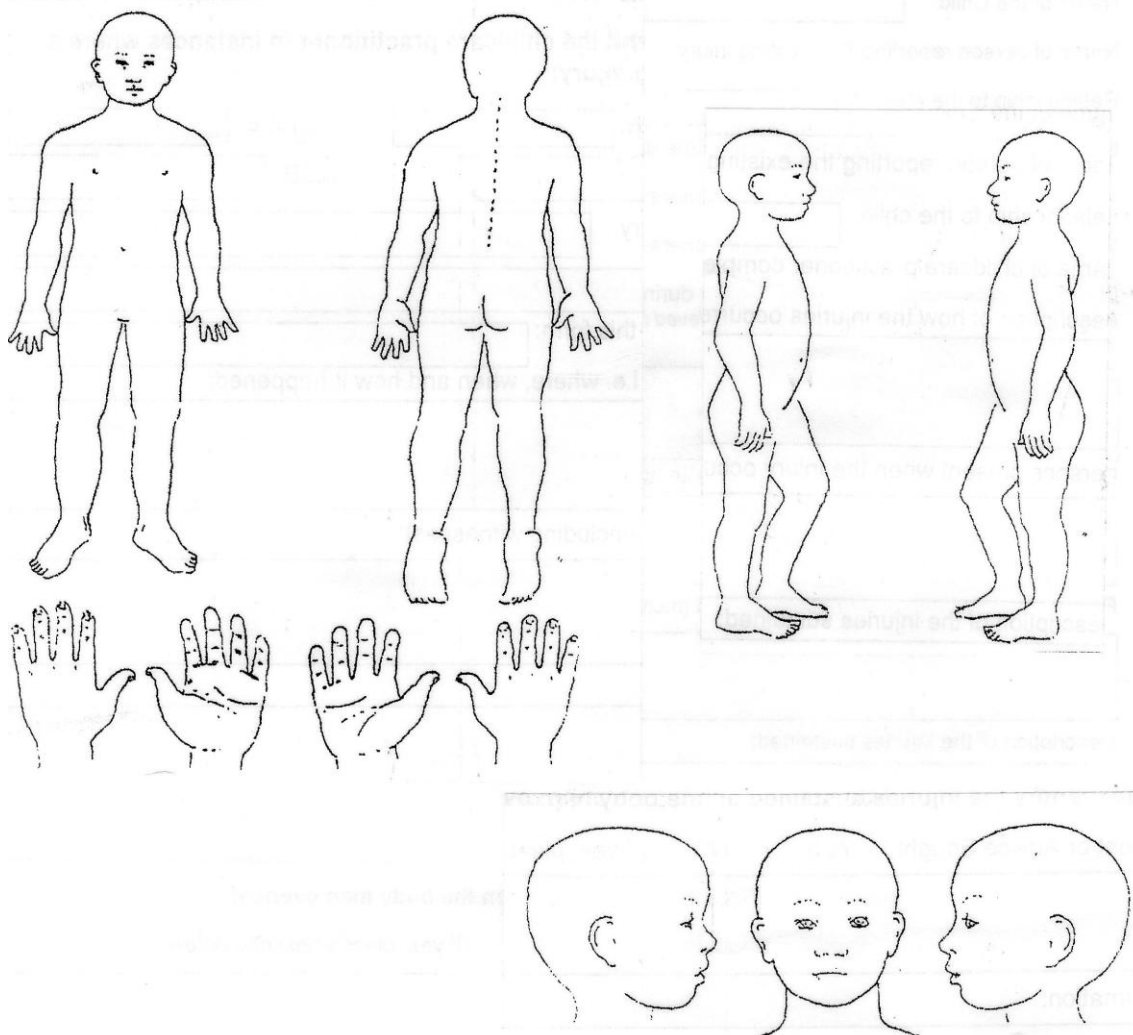
Signature:  Date:  Time:

Signature of the childcare practitioner who supported the completion of the existing injuries record:

Signature:  Date:  Time:

### Body Map

(Please note that the child **must not** be examined in order to complete the body maps)



### OFFICE USE ONLY – RISK ASSESSMENT DETAILS OF THE EXISTING INJURY

Member of staff:  Date:

Position at nursery:  Time:

Are there any issues for concern with regards to the existing injury YES / NO

If yes, please describe the action taken: