

Existing Injuries Record

To be completed by **room leader or senior practitioner in their absence** with the parent/carer 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

N.B. any existing injury noted during the session to be put on safeguarding form and immediately passed to the manager.

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: (must indicate the **size/shape/colour**)

What, if anything, did the child say about the injury.

Please identify the injuries sustained on the body map overleaf

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

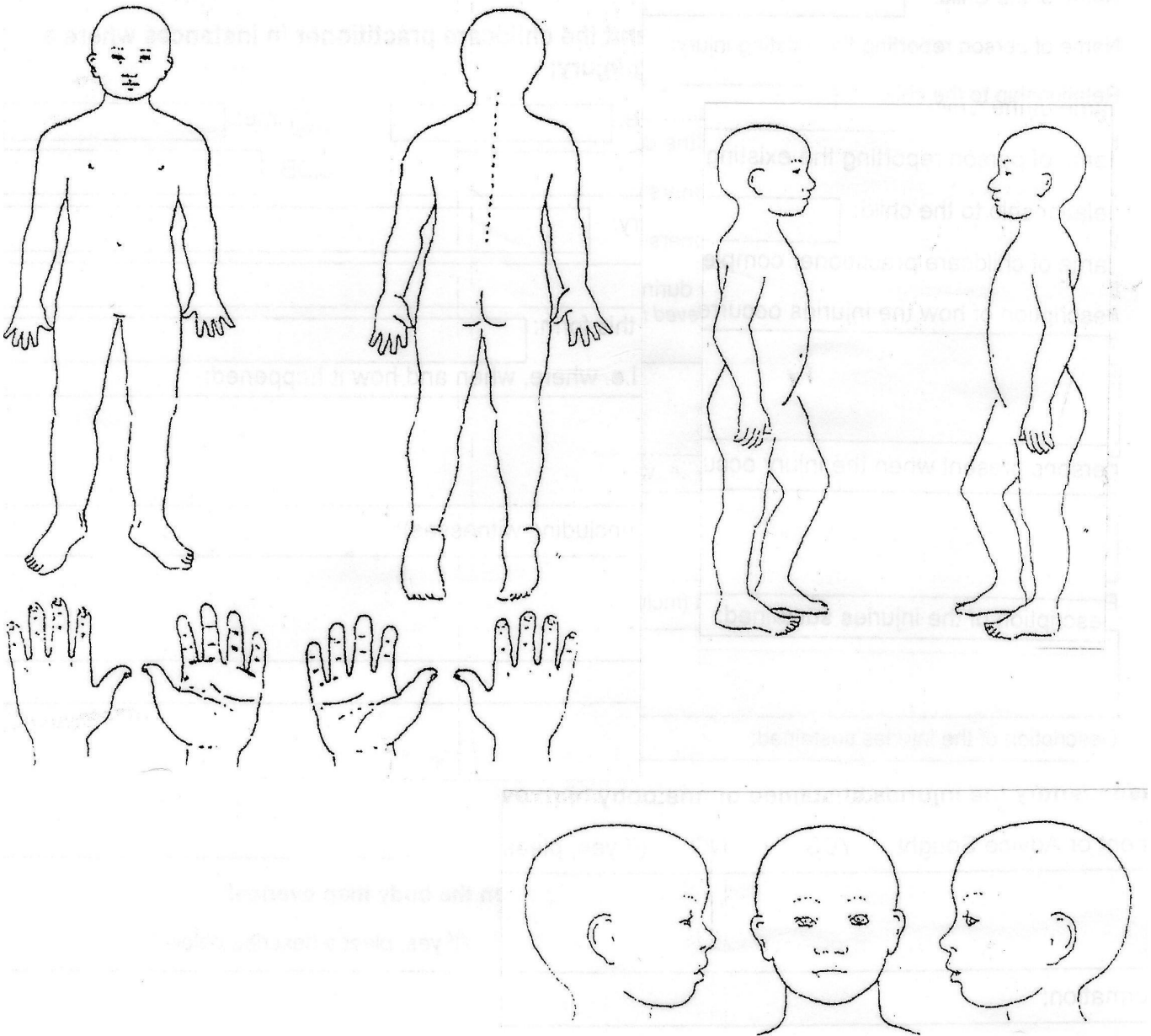
Further Notes or Information:

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)



MANAGER USE ONLY – RISK ASSESSMENT DETAILS OF THE EXISTING INJURY

NB if no manager take immediately to Principal and if no principal take to deputy

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:

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