

# Existing Injuries Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

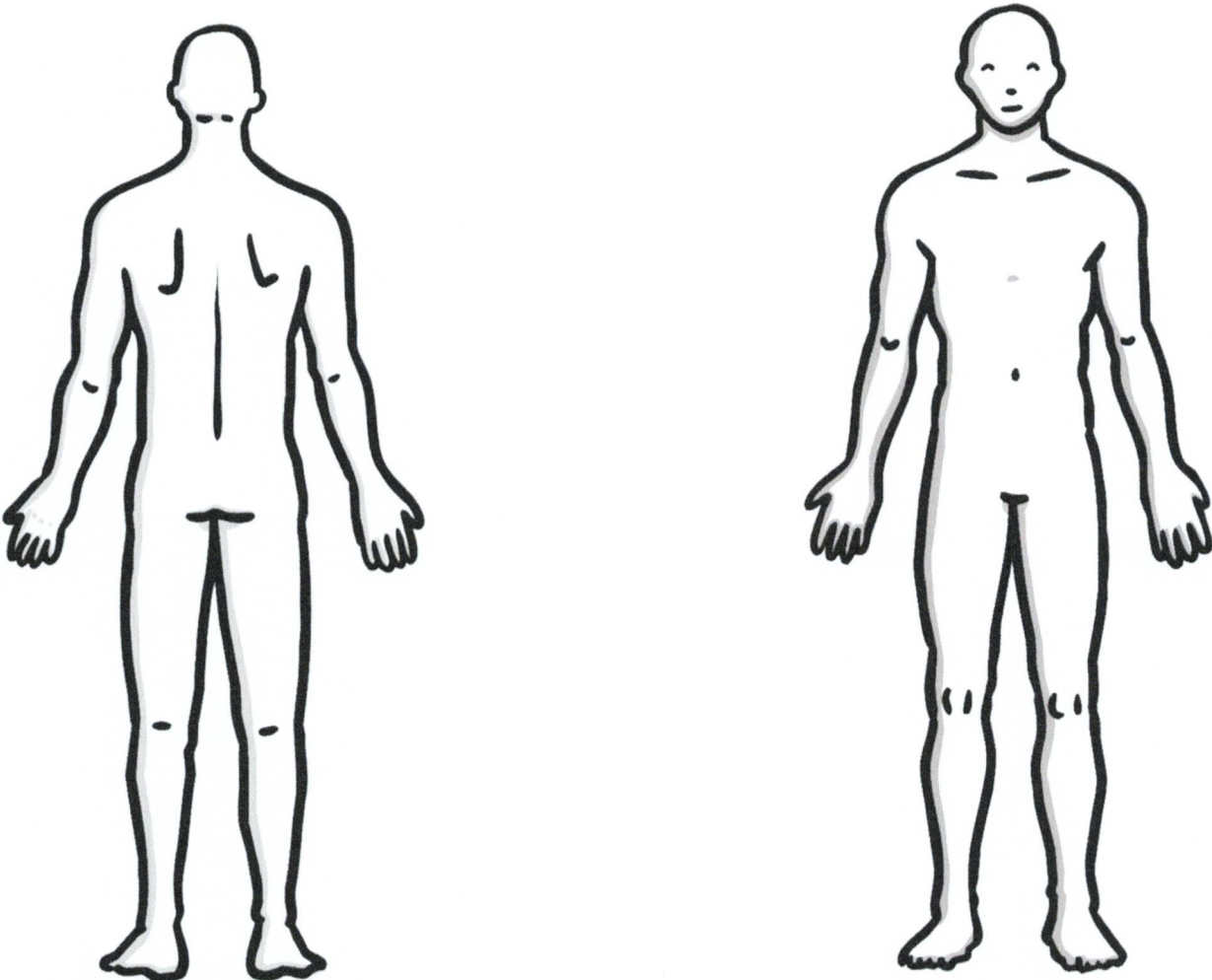
Reported to setting by:  Parent  childcare setting  Other

Date and time injury occurred: \_\_\_\_\_

Place injury occurred: \_\_\_\_\_

Name of witnesses/adults present: \_\_\_\_\_

Description of how the injury occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the injury:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of child following the injury:

Medical treatment or advice sought:  Yes  No  
If yes, please describe below:

Other comments:

Practitioners notified of existing injury at the start of the session: Y  No

Practitioners notified of existing injury during the session: Y  No

Was this injury noticed during the session?  Yes  No  
If yes, please describe how the injury was found, why it is believed it is in fact an existing injury and that it has not occurred at the setting.

Attending adult's signature: ..... Date: .....  
Leader's signature: ..... Date: .....  
Parent's signature: ..... Date: .....

Parent Copy  Paper  Email

