



Apley/Lawley Village Day Nursery Existing Injuries Record



Existing Injuries
Reference Number

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

Day of Accident: Date of Accident: Time of Accident:

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

Message taken by: Time:

Informed by: Relationship to child:

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.)*

Time noticed:

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 (i.e injury colour and size):

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/ been asked about (please delete one) the identified existing injuries, declare that the details described in this report is a true account.

Signature:

Date:

Time:

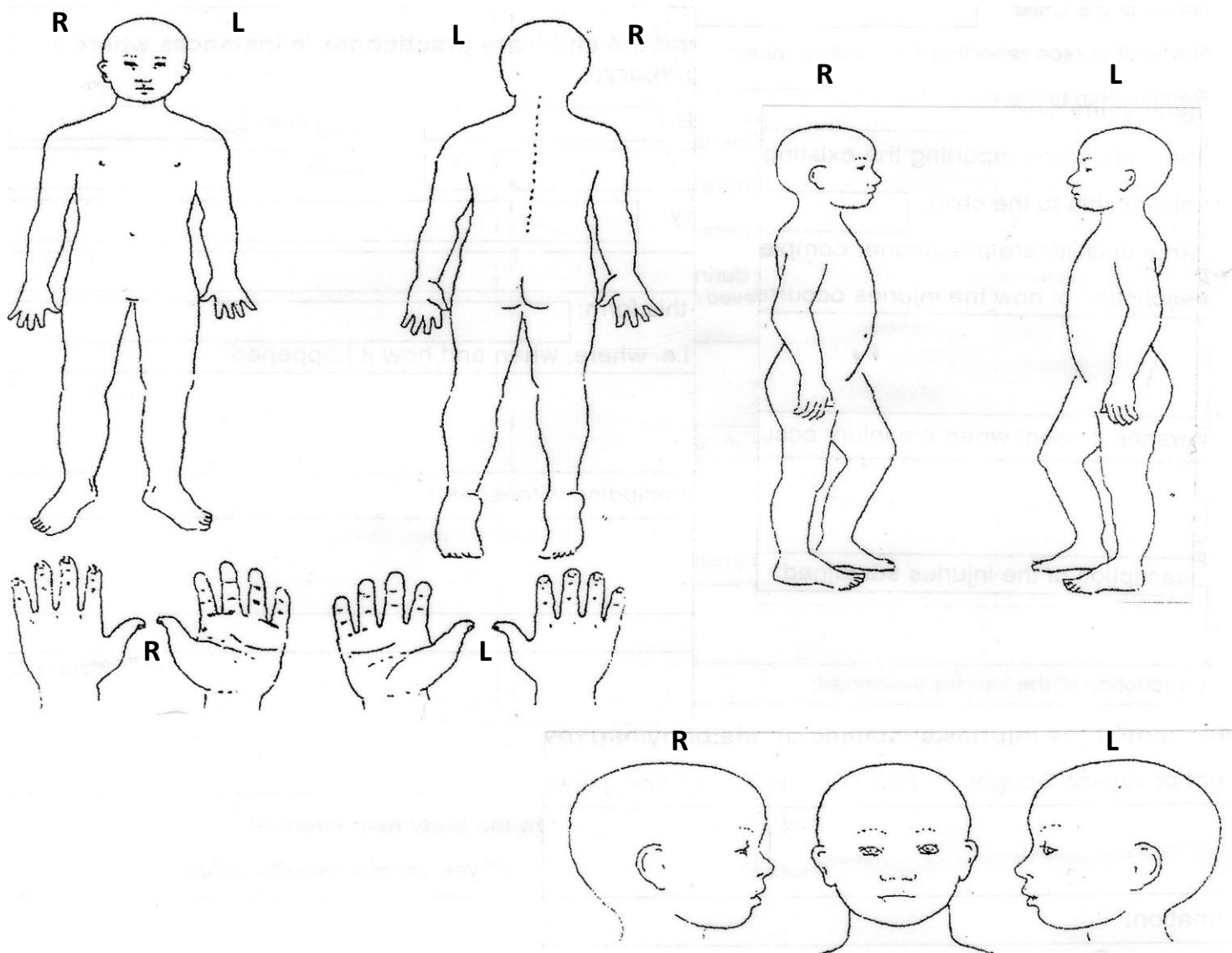
Signature of the childcare practitioner who noticed the existing injury /supported (please delete one) the completion of the existing injuries record:

Staff printed name:	Date:
Staff signature:	Time:

Body Map

Please indicate right/left

(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:	<input type="text"/>	Date:	<input type="text"/>
Position at nursery:	<input type="text"/>	Time:	<input type="text"/>

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

If yes, please describe the action taken:

