Existing Injury Form

To comply with child protection requirements –
This form is to be completed by Parents or Carers when they bring a child to Nursery with a pre-existing injury. This form will be held in accordance with our confidentiality policy.

Name of child

Date of Injury__Time of Injury

Where and what is the injury

How did the Injury happen

Any treatment or medical aid sought

Signature __________________ Date __________ (Parent/Carer)

Signature __________________ Date __________ (Nursery)
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Signature________________________ Date__________________

(Parent/Carer)

Signature________________________ Date__________________

(Nursery)