Dandelions Pre-School Existing Injury Record

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| --- | --- | --- | --- |
| Date | Name | | D.O.B |
|  | | | |
| Time | Date and time of accident | Location | |

|  |
| --- |
| Type of injury |
| Advised by parent or notified by staff? |
| What action was taken? Give details of further medical treatment required or further observation |
| Was medical advice sought: Yes No (circle) |

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| --- |
| Body Map |

|  |  |  |  |
| --- | --- | --- | --- |
| Explain fully the events leading up to the accident and the accident itself. | | | |
| Do we need to provide any additional support to your child whilst in pre-school? | | | |
| Staff Signature | Witness Signature | Manager Signature | Parent/Carer Signature |
| Print Name | Print Name | Print Name | Print Name |
| Date | Date | Date | Date |