

Pre Existing Injury Form

This form is to be completed when a child has a pre existing injury. This form complies with safeguarding children requirements.

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|  | | D.O.B |
| Date: | Who Noticed the injury: | Parent Informed YES \ NO Staff Noticed YES \ NO |
| When, where, how?  (date, location, what happened)  Was anyone else present? | | |
| Form Completed by: Parent    Staff Member | | |
| Any treatment or Medical aid sought YES/NO ( If yes please explain what this was) | | |
| Name of Parent: Signature of Parent: |  | Date: |
| Name of Practitioner: Signature of Practitioner: Date: | | |
| Management Name: Management Signature: Date: | | |