

Number of records for this child:

Notes to Record Pre-existing injuries

Name of child: _____ Date of birth: _____

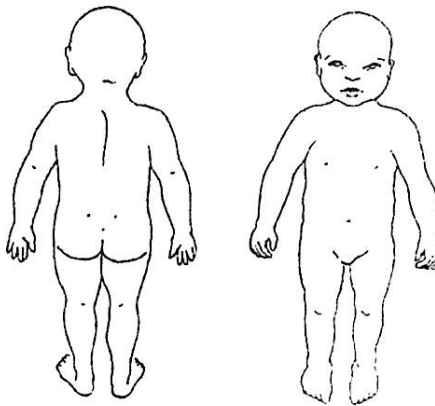
Key person name: _____

Name of person completing form: _____ Position: _____

Date of Record: _____ Time of Record: _____

Describe exact area of injury on the body – (mark on map below)	Size, shape and colour of the injury	Is the skin broken?
Description of circumstances that lead to the accident/injury (and if witnessed, by who?)		
What action was taken? First aid treatment and condition of child following accident/injury		

Body map



Back

front

Signature (parent/guardian):

Date and Time:

Designated Safeguarding Lead Name:

Date DSL informed:

Parent given copy of form. Yes/No