

Pre-existing Injury Form



Complete form when a pre-existing injury is identified – with as much detail as possible.

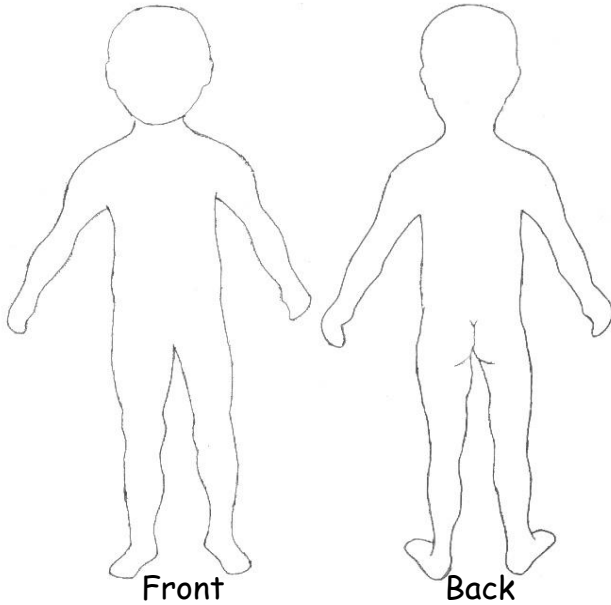
Completed by:

Date/Time Completed:

Identified/Reported by:

Relationship to child:

Parent/Carer Staff



Child's Name:
DOB:
Child's Key Worker:

Date of injury:
Time of injury:

Describe how the injury was identified:

Injury details:
(Position, size, shape, colour and how was the child at time etc)

Detailed explanation given by parents / carers about what caused the injury and where it happened: *(Write down parents and child comments)*

Pre-existing Injury Form



Who was present (full names) and connection to child:

Details of treatment received:

Parent/Carer signature:

Print:

Date:

Follow Up Action and Reason

Observe 72 hrs Monitor Referral (*to whom*) No action

Any further details: (*context to help understand cause of injury and must include Early Help/CIN/CP, Agencies involved, SEN information*)

Vulnerability Level 1 2 3 4

Chronology, pre-existing and nursery accident forms checked for patterns

Staff signature:

Print:

Date:

DSL signature:

Print:

Date:

Lead DSL Signature:

Print:

Date:

Pre-existing Injury Form



Completed by:

Date/Time Completed:

Child's Name:

D.O.B:

Parent/Carer signature:

Print:

Date:

Pre-existing Injury Form



Completed by:

Date/Time Completed:

Child's Name:

D.O.B:

Parent/Carer signature:

Print:

Date: