

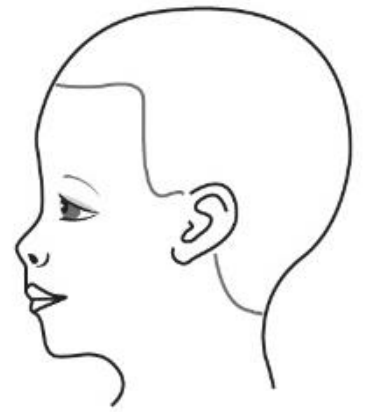
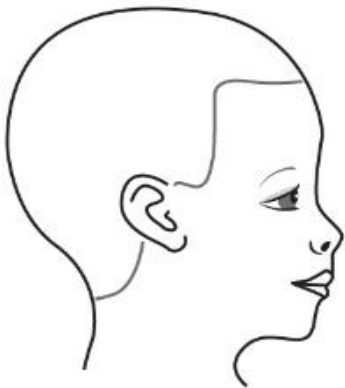
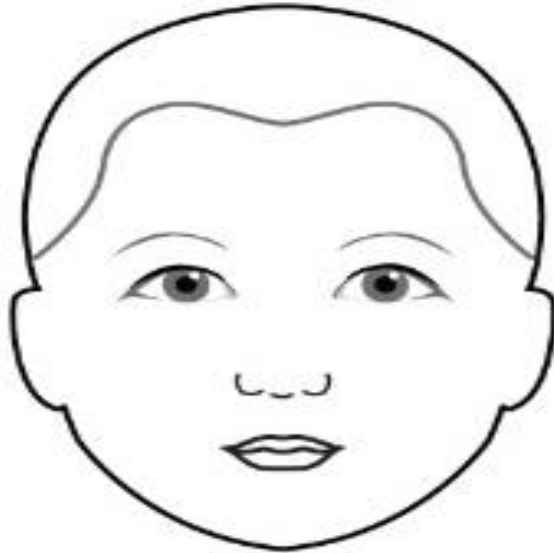
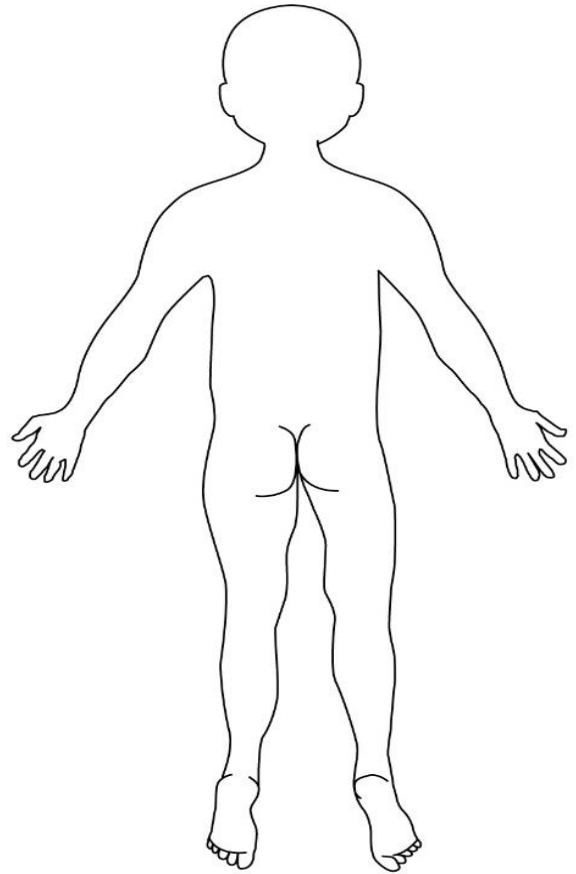
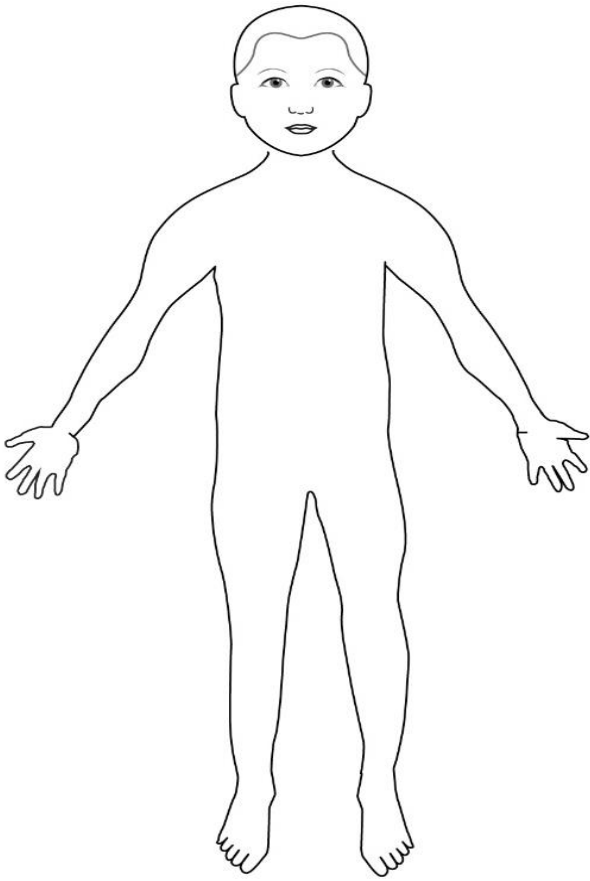


Record of Existing Injuries

September 2024

Name of child:	
Today's date:	
Date injury occurred:	
Name of person informing the setting:	
Relationship of person to the child:	
Name of setting staff member being informed:	
How did the injury happen?	
Are there any visible marks, bruises or injuries (describe size, shape, colour and location)?	
Was treatment given?	
Was medical advice sought (include GP Surgery or hospital details)?	
Additional information or comments:	
Signature of person providing the information:	
Staff member's signature:	
Date and time:	

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Existing injury follow up form

Is the child able to provide an explanation of the injury? **Yes/No**

Please provide detail below (this can include information provided by the child or reasons why the child was not able to provide an explanation):

Does the child need any medical attention? **Yes/No (If yes, seek this immediately)**

Have you attempted to obtain further information from parent (if parent didn't provided initial information) **Yes/No**

If yes, give details:

Is this consistent with the initial information gained from the informant or what the child has explained? **Yes/No**

If no information obtained from parent, state why not:

Do you need to take further advice or seek further clarification? **Yes/No**

If yes, state who you will take advice from*:

Staff Member's Name

Staff Member's Signature

Date

Time

***Reminder: If additional advice is required, for example from your Designated Person for Child Protection, this should be sought immediately. If a referral is required, call Children's Social Care on 0345 045 5203. Any additional actions completed or advice taken should be recorded on a separate sheet.**