Existing Injury form (enter setting name here)

Child’s name Date of birth

|  |  |
| --- | --- |
|  | Name of person completing formRolesignatureDate and time of completing formDate of injuryDescription of injury (size/shape/colour/skin broken)Child’s voiceParent/Carer explanationParent Carer SignatureDate and time |

Any further action needed? No / Yes (please give details)

Does the Safeguarding Lead need to be informed and North Somerset Safeguarding Procedures followed? No/Yes

If Yes please give details

I consent to information sharing and that the information on this sheet, to the best of my knowledge, is factually correct.

(If consent not sought, please give reasons here)

Parent/Carer signature and date: