Existing Injury form (enter setting name here)

Child’s name Date of birth

|  |  |
| --- | --- |
|  | Name of person completing form  Role  signature  Date and time of completing form  Date of injury  Description of injury (size/shape/colour/skin broken)  Child’s voice  Parent/Carer explanation  Parent Carer Signature  Date 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: