# Diagram  Description automatically generated**Existing Injury Form**

|  |  |
| --- | --- |
| **Child’s Name:** | **Date of Birth:** |
| **Date and Time of Accident:** |
| **Reported By:** | **Place Where Accident Occurred:** |
| **Another Childcare Setting:** **Parents:Other:** |  |
| **Description Of How The Accident Occurred:** | **Report of Injury:** |
|  |  |
| **First Aid Treatment Given:** | **Condition of Child Following the Incident:** |

Yes No

Parent Contacted?

Call Email Text

How Was Parent Contacted?

Name Of Parent Contacted: Time Of Contact:

**Body Map**

**Were Staff notified of existing injury at the start of the session?**

**Were staff notified of existing injury during the session?**

Yes No

Yes No

FRONT

BACK