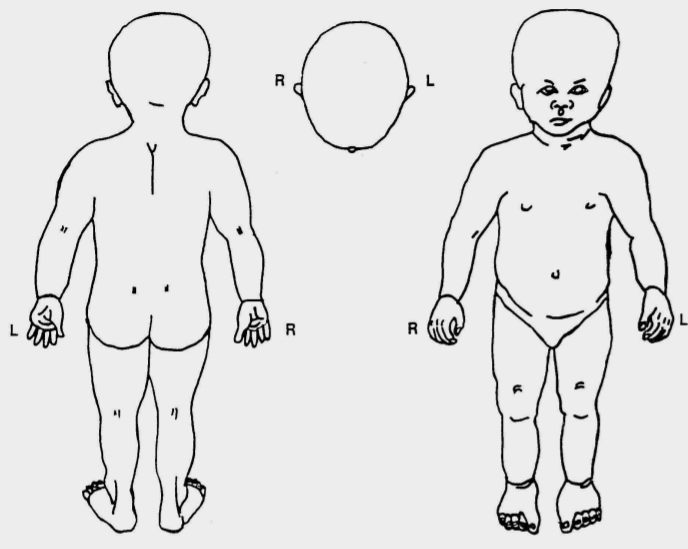
EXISTING INJURY FORM

This form is to be completed by parents or carers when they bring a child to The Phoenix Kindergarten with a pre-existing injury.

|  |  |
| --- | --- |
| Name of child |  |
| Date of injury |  |
| Date injury reported |  |
| Reported by |  |
| Nature of injury |  |
| How was the injury obtained? | |
| Any treatment or medical advice sought | |
| Any ongoing care requested | |



Parent/Carer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSL informed: Yes/No