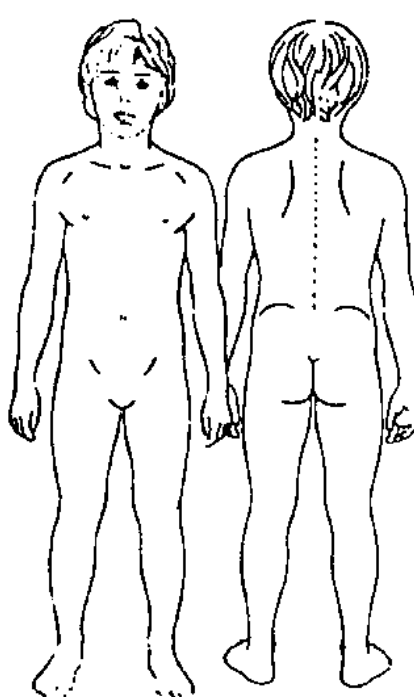
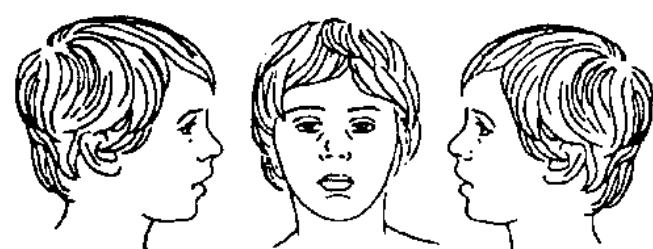




Pre-existing injuries record

We record pre existing injuries to help identify suspected non-accidental injury and to safeguard children who may be at risk of abuse. In line with our safeguarding policy, we may share information with children's social care.

Name of child	Date of birth	Age in months	Child ID
Name of person documenting statement		Relationship to child	
Date of injury	Time of injury	Today's date	Any nursery sessions missed since injury?
Who was present when the injury occurred?		How mobile is your child? <input type="checkbox"/> Non-mobile <input type="checkbox"/> Crawling <input type="checkbox"/> Roll over <input type="checkbox"/> Cruising <input type="checkbox"/> Sitting up <input type="checkbox"/> Walking	
Description of the injury, including approximate size and colour of injury marks			
Statement of injury (by person documenting this form). Please describe exactly what happened, e.g. how and where it occurred			
			

DID THE CHILD RECEIVE MEDICAL TREATMENT?

Yes <input type="checkbox"/>	Date	Time	No <input type="checkbox"/>
Location, e.g. hospital			Reason
Name of professional / doctor			
Who took them			
Any further action			
Any additional information we need to be aware of?			

Parent / guardian's name	Parent / guardian's signature	Date
Employee's name	Employee's signature	Date

OFFICE USE (TO BE COMPLETED BY DSL)

Is the explanation given consistent with the injury?		
Is the injury in a part of the body that causes concern? (refer to template in policy)		
Is the child developmentally at an appropriate age?		
Child's voice (if applicable)		
Was this referred to social care / Health Visitor / other? If not, why not?		
DSL name	DSL signature	Date