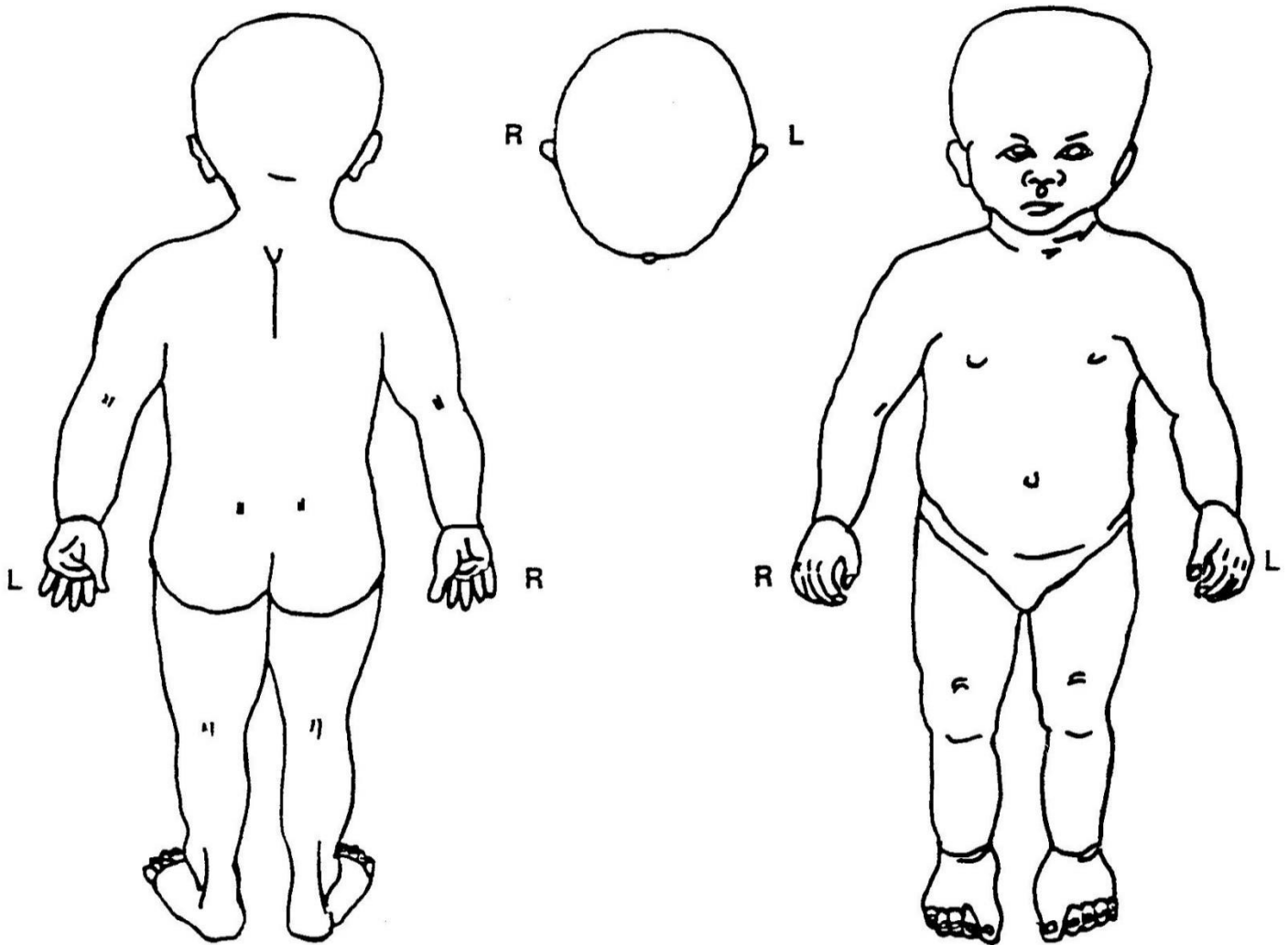


06.01d Existing Injuries Form

Record of children entering Richmond Pre-school with existing injury



Please use a pen (not black) to mark on the diagram where the injury is, roughly in scale and complete the information below :-

Name of Child :		DOB:	
Today's date :		Date injury occurred :	
Where is the injury? :			
How did it happen? :			
If there is bruising now, what colour is it? :			
Did they need to go to hospital? :			
If there anything else we need to know about? :			
Parent / Carer :		Relationship to child :	
Practitioners name who recorded this :			

**Please record what
child's explanation is**

Recorded by?