



## Child Attending with a Head Injury

<p><b>Child's Name:</b></p> <p><b>Date of Birth:</b></p>	<p>Nature &amp; position of injury, show area and state the actual size of the injury i.e. 5p, 10p etc.</p>														
<p><b>Date:</b></p> <p><b>Child's Room:</b></p>															
<p><b>Parent/carer comments</b> (please indicate the nature of injury, how it happened and when did it happen?)</p>															
<p>Parent signature _____</p>															
<p><b>Staff member injury observed</b> (if parent/carer has not highlighted/noticed the injury on attending the nursery session)</p>															
<p><b>Staff member comments</b> (when was the injury noticed? including the time)</p> <p>Staff signature _____</p>															
<p><b>Parent contacted</b> *YES/ *NO (only if not available for the completion of this form)</p> <p><b>Parent/carer comments</b> (when contacted)</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; padding: 5px;">Date</th> <th style="width: 60%; padding: 5px;">Comments (staff to update the injury on a weekly basis)</th> <th style="width: 30%; padding: 5px;">Staff initials</th> </tr> </thead> <tbody> <tr><td style="height: 40px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Comments (staff to update the injury on a weekly basis)	Staff initials												
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<p style="text-align: right;"><b>Manager/Coordinator Signature</b></p>															
<p><b>Final Staff signature</b> (to indicate that all weekly reviews completed and injury no longer visible).</p>															