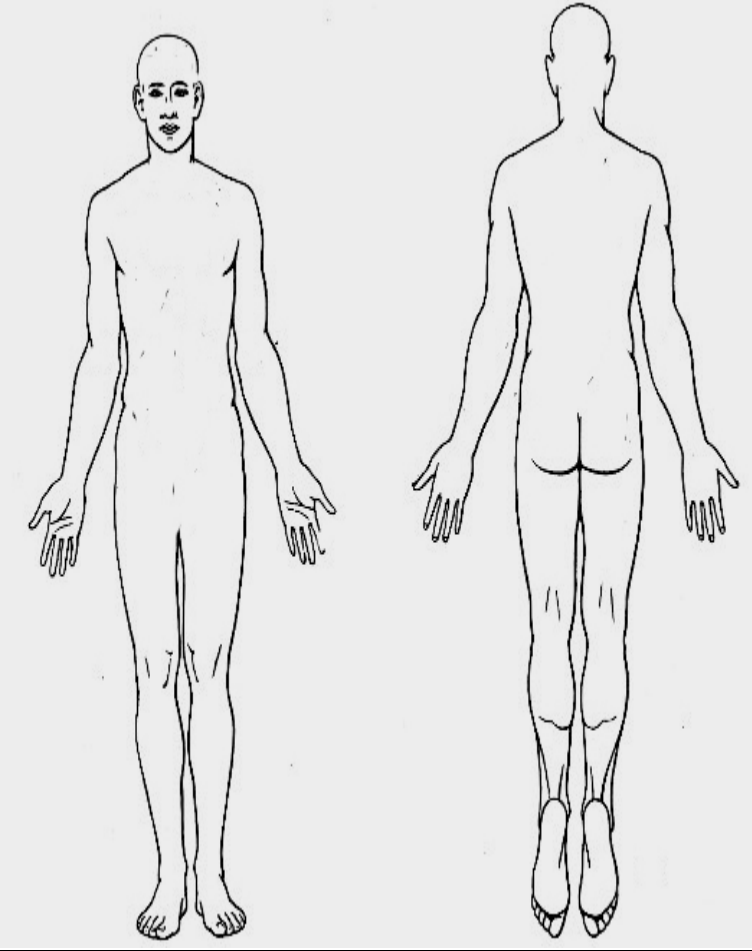




Child Attending with an Injury

<p>Child's Name:</p> <p>Date of Birth:</p>	<p>Nature & position of injury, show area and state the actual size of the injury i.e. 5p, 10p etc</p>															
<p>Date:</p> <p>Child's Room:</p>																
<p>Parent/carer comments (please indicate the nature of injury, how it happened and when did it happen?)</p> <p>Parent signature _____</p>																
<p>Staff member injury observed (if parent/carer has not highlighted/noticed the injury on attending the nursery session)</p>																
<p>Staff member comments (when was the injury noticed? including the time)</p> <p>Staff signature _____</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 <small>(staff to update the injury on a weekly basis)</small></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 <small>(staff to update the injury on a weekly basis)</small>	Staff initials													<p>Parent contacted *YES/ *NO <small>(only if not available for the completion of this form)</small></p> <p>Parent/carer comments (when contacted)</p>
Date	Comments <small>(staff to update the injury on a weekly basis)</small>	Staff initials														
			<p>Manager/Coordinator Signature</p>													
			<p>Final Staff signature (to indicate that all weekly reviews completed and injury no longer visible).</p>													