

INJURY ON INTAKE FORM – to be completed by parent/guardian at drop off

Child details

Child's full name:

Date of birth:/...../..... Age: Gender : ☐ Male ☐ Female

Educator details

Educator's full name:

Educator's Address:

Injury / Circumstances

Incident / Injury / Trauma

Circumstances leading to the injury / trauma :

.....

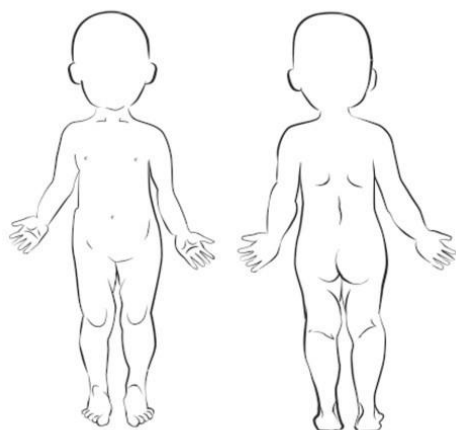
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Location: Time: am/pm Date:/...../.....

Medical Personnel contacted: Yes / No If Yes, provide details:

Nature of injury sustained:

Indicate on diagram the part of body affected



☐ Abrasion / Scrape

☐ Bite wound

☐ Bruise

☐ Broken bone / fracture

☐ Burn / sunburn

☐ Concussion

☐ Cut

☐ Rash

☐ Sprain/Swelling

☐ Other (please specify)

Parental acknowledgement:

Name of Parent/guardian:

Parent / Guardian Signature: Time: am/pm Date:/...../.....

Educator Signature: Time: am/pm Date:/...../.....

Educator Additional Notes / follow up:

Educator Signature: Nominated Supervisor Signature: