



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

## Childs Details

Child full Name: .....

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

Incident/ Injury date: ...../...../..... Time: ..... am/pm Location: .....

## Educators Details

Name: .....

Date and time record was made ...../...../..... Signature: .....

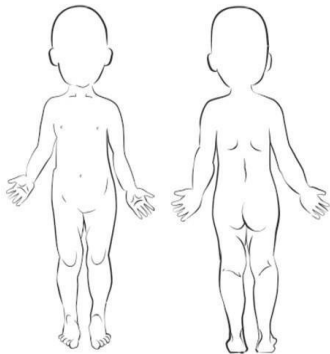
## Injury / Circumstances

Circumstances leading to the injury/trauma: .....

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### Nature of injury/trauma

Indicate on diagram the part of body affected



- Bite wound
- Abrasion / Scrape
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Concussion
- Cut / open wound
- Rash
- Sprain
- Swelling
- Cut
- Other (Please specify)

## Parental acknowledgement:

Name of Parent / Guardian: .....

Parent / Guardian Signature: ..... Date: ...../...../.....

Educator Signature:..... Date:...../...../.....

## Educator Additional notes/ Follow Up:

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