|  |  |
| --- | --- |
| **CHILDS NAME** |  |
| **TODAYS DATE** |  |
| **DATE INJURY OCCURRED** |  |
| **CIRCUMSTANCES OF ACCIDENT OR INCIDENT** |  |
| **INJURIES/VISIBLE MARKS** |  |
| **DOCTOR OR MEDICAL ADVISOR SEEN,**  **IF YES PLEASE GIVE DETAIL** |  |
| **ADDITIONAL COMMENTS** |  |
| **PARENTS SIGNATURE** |  |
| **STAFF SIGNATURE** |  |

**Child Pre-Existing Injury Form**