

Injury on Intake Form (to be completed by parent at drop-off)

Educator Name:

Child details

Surname: Given names:

Date of birth:/...../..... Age:

Injury / Circumstances

Circumstances leading to the injury/trauma:

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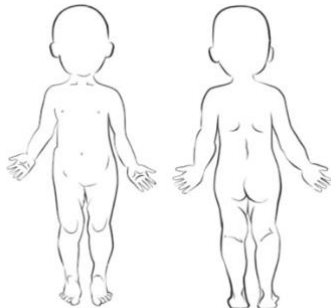
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Location: Time: am/pm Date:/...../.....

Medical personnel contacted: Yes / No

If yes, provide details:

Nature of injury sustained:



- | | |
|---|---|
| <input type="checkbox"/> Abrasion, scrape | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Broken bone / fracture | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Concussion | |

Parental acknowledgement:

Name of Parent / Guardian:

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

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

Additional notes / follow up:

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