**Childcare Services Previous Accident/ Injury form**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Date accident/ injury/ incident occurred: |  |
| Please describe what happened: |  |
| Description of injuries / markings sustained:  (provide drawing if applicable) |  |
| Was the child admitted to hospital – if yes, please give dates and times: |  |
| Was the child prescribed any medication – if yes please provide details: |  |
| Any additional information needed: |  |

|  |  |
| --- | --- |
| Parent Name: |  |
| Parent signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| Staff Name: |  |
| Staff signature: |  |
| Date: |  |