**Childcare Services Previous Accident/ Injury form**

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

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| 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:  |  |

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

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