

Injury on Intake Form

Carina Heights Child Care & Development

Child's Details

Surname:

Given name:

Room:

Date of birth:

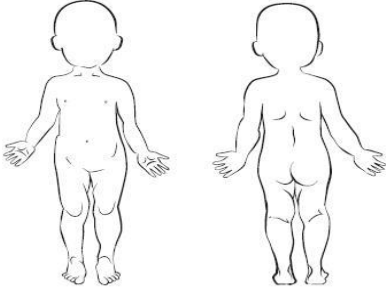
Observed Injury/illness details

Date:

Time:

am/pm

Nature of injury sustained:



- | | |
|---|---|
| <input type="checkbox"/> <i>Abrasion, scrape</i> | <input type="checkbox"/> <i>Bump/ Knock</i> |
| <input type="checkbox"/> <i>Bite from Child</i> | <input type="checkbox"/> <i>Rash</i> |
| <input type="checkbox"/> <i>Bite / Sting</i> | <input type="checkbox"/> <i>Cut/Laceration</i> |
| <input type="checkbox"/> <i>Break / Fracture</i> | <input type="checkbox"/> <i>Bruise</i> |
| <input type="checkbox"/> <i>Other - specify</i> | |

Any comments made by child upon arrival at pick up point:

Action Taken: *(if first aid applied, also complete an incident, injury and illness form)*

Name of person completing form:

Signature:

Date:

Time:

Name of witness:

Signature:

Date:

Time:

Responsible person in charge:

Name:

Signature:

Date:

Time:

Write over any additional Notes/Follow-up