

## INJURY ON ARRIVAL (FORWARD TO SERVICE)

### CHILD DETAILS

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Educator: \_\_\_\_\_

### INCIDENT/ CIRCUMSTANCE

#### Incident/Injury/Trauma

Circumstances leading to the incident/injury/trauma:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

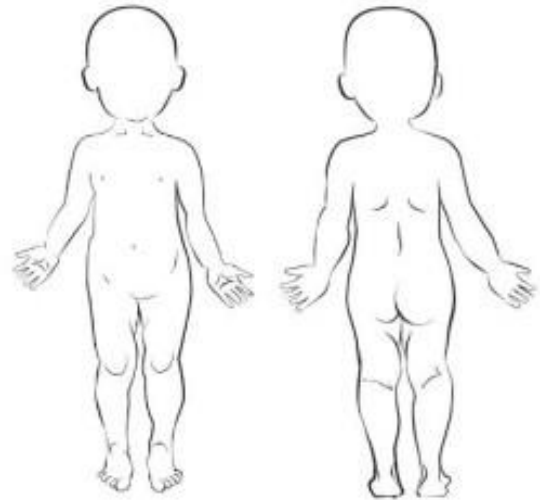
Location: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Date: \_\_\_/\_\_\_/\_\_\_

Medical personnel contacted: Yes / No If yes, provide details:

\_\_\_\_\_

#### Nature of injury sustained:

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



### PARENTAL ACKNOWLEDGEMENT:

Name of Parent/ guardian: \_\_\_\_\_

Parent/ guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

Educator Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

### EDUCATOR ADDITIONAL NOTES/ FOLLOW UPS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child accepted into care: Yes  No