Existing Injury Form

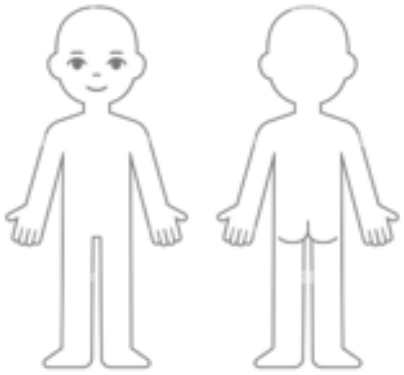
To comply with DARE Child Protection Policy. This form is to be completed by DARE staff, volunteer, or trustee when an existing injury is identified.

Name of Child	
Name of Parent/Carer	
Date	
Time	
Type of Injury	
How did it happen? (parent/carer's explanation)	
Is the injury minor?	
Does the injury require urgent attention?	

If the injury is minor, call the Community Pediatrician 01282 803605 on the same day.

If the injury requires treatment – call 999 or refer without delay to the Emergency Department at the Children's Hospital.

Draw on the diagram the location of the injury.



Refer to CADS on day of identification.