



# Tollgate Community Junior School

## Existing Injuries Form



*Together Everyone Achieves More*

Child's Name:

DOB:

Date and time injury occurred:

Person reporting injury:

Location injury occurred:

Name of witness/those present:

Description of injury and how it occurred:

Medical treatment or advice sought? Yes/No

If yes, please include details:



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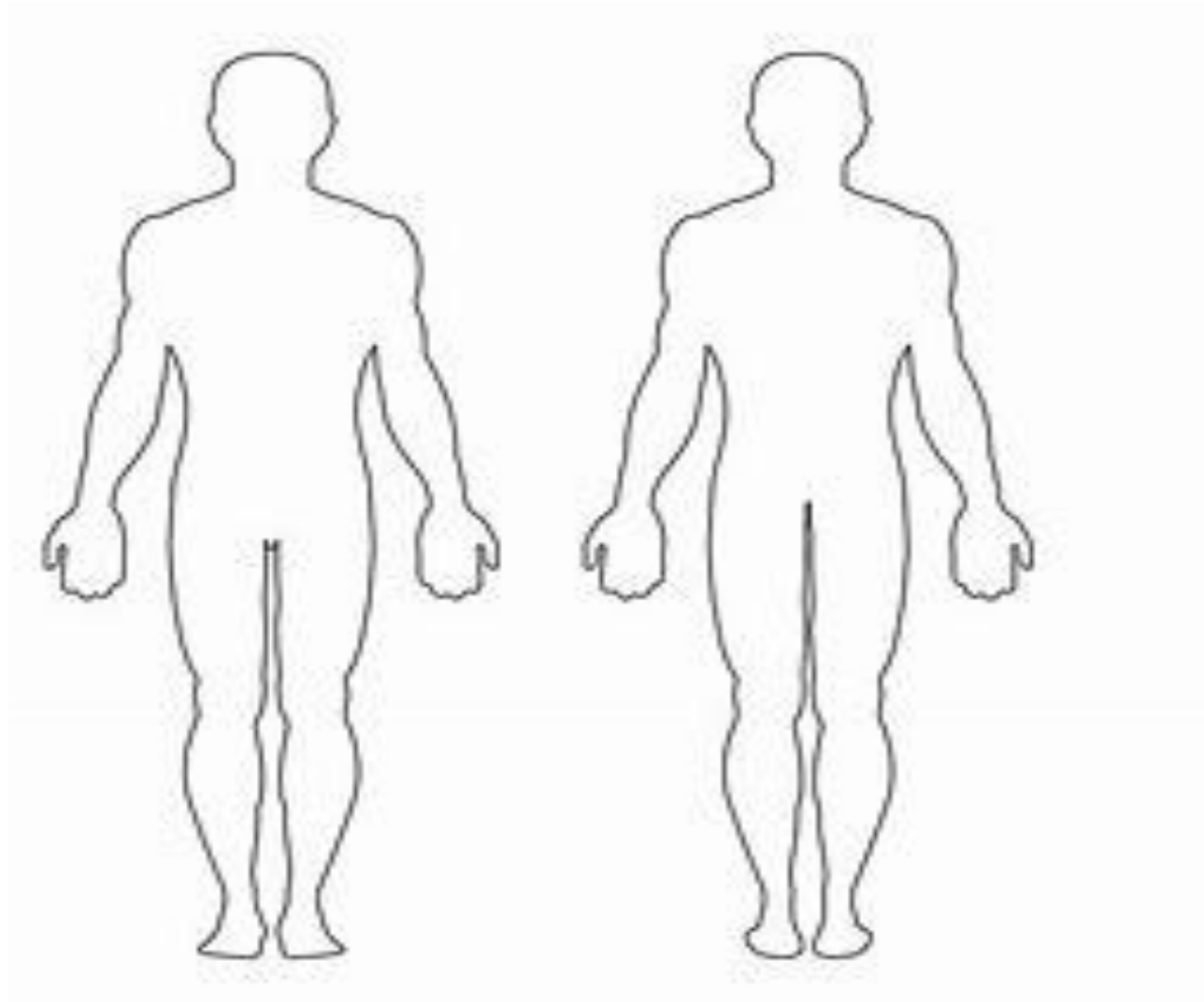


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Please indicate where the injury is on the body:

Front

Back



Any further treatment needed?

Parent/Carer:

Date:

Staff:

Date: