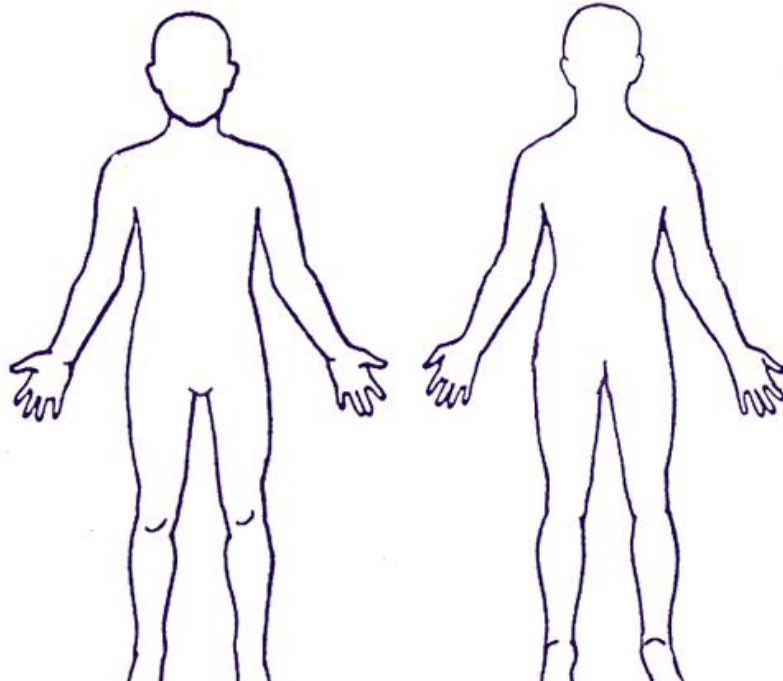




Rutland Early Years



### Pre-Existing Injury form



Name of Child:

DOB:

**Date & Day** accident occurred:

Place Accident Occurred:

Description of how the accident/incident occurred:

Record of injury (describe where on the body the injury occurred):

Actions Taken:





**Rutland Early Years**



*Starseed Childcare Services*

