



**Waltham-on-the-Wolds CE Primary School**

**Miss H Geeson Head teacher**

**EXISTING INJURY FORM**

Dear Parents/Carers,

Please complete this form, and give it to the class teacher, if your child sustains an injury outside of school that we need to know about.

Thank you,

Mrs H Geeson  
Head teacher

**Child's name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Injury sustained:**

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**Date when injury happened:** \_\_\_\_\_ **Approx. time:** \_\_\_\_\_

**Action taken, include any treatment or medical aid sought:**

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**Any further information we need to be aware of:**

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**Signature of Parent/Carer:** \_\_\_\_\_

**Signature of school representative receiving this form:** \_\_\_\_\_

**Date:**

Please note:

- for injuries such as a breakage, a Risk Assessment will need to be completed before the child is re-admitted in to school; please speak directly with the Head of School if this applies.
- school staff do not administer medicines, unless there are exceptional circumstances.