



## Injury on Arrival Form

Kindergarten Service: \_\_\_\_\_

This form is completed by the parent/ guardian or authorised adult on delivering a child to the Kindergarten Program, noting information about an injury which has occurred prior to participation in the program. Completion of this record supports Kindergarten staff in providing care for the child and reference if the parent / guardian or authorised adult who collects the child from the Kindergarten service is a second person.

Child's Surname		Child's Given Name	
Date		Time of arrival	
Description regarding injury and any covering / support in place.			
Has medical treatment been sought for the injury?	No	Yes (Please note details):	
Any further information which you would like to share regarding the incident/ injury.			
Name of Parent/ Guardian/ Authorised Adult			
Signature of Parent / Guardian / Authorised Adult			

### Kindergarten Service Record

Form Received by (Name and Position)			
Signature of Person Form Received by		Date:	
		Time:	
Comments			
Responsible Person Informed	Name:	Signature:	
Nominated Supervisor Informed	Date:	Time:	Signature: