



Spring Meadow Infant and Nursery School

High Barns

Ely

Cambridgeshire

CB7 4RB

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office@springmeadow.cambs.sch.uk

Record of Existing Injury/Incident Prior to Arriving at School

Child's Name	
Class	
Date of Birth	

Parent's description of injury and how injury/incident occurred:

Signed: _____

Date: _____ **Time:** _____

Body Map Completed? Yes / No

Body Map

