



Pink Slip

Record all pre-existing injuries, safeguarding concerns, and relevant child comments. If in doubt, seek guidance from a DSL.

Name of child:	
Child's DOB:	
Classroom:	
Name of staff member:	
Day / Date of incident (or date noticed):	

Nature of incident:

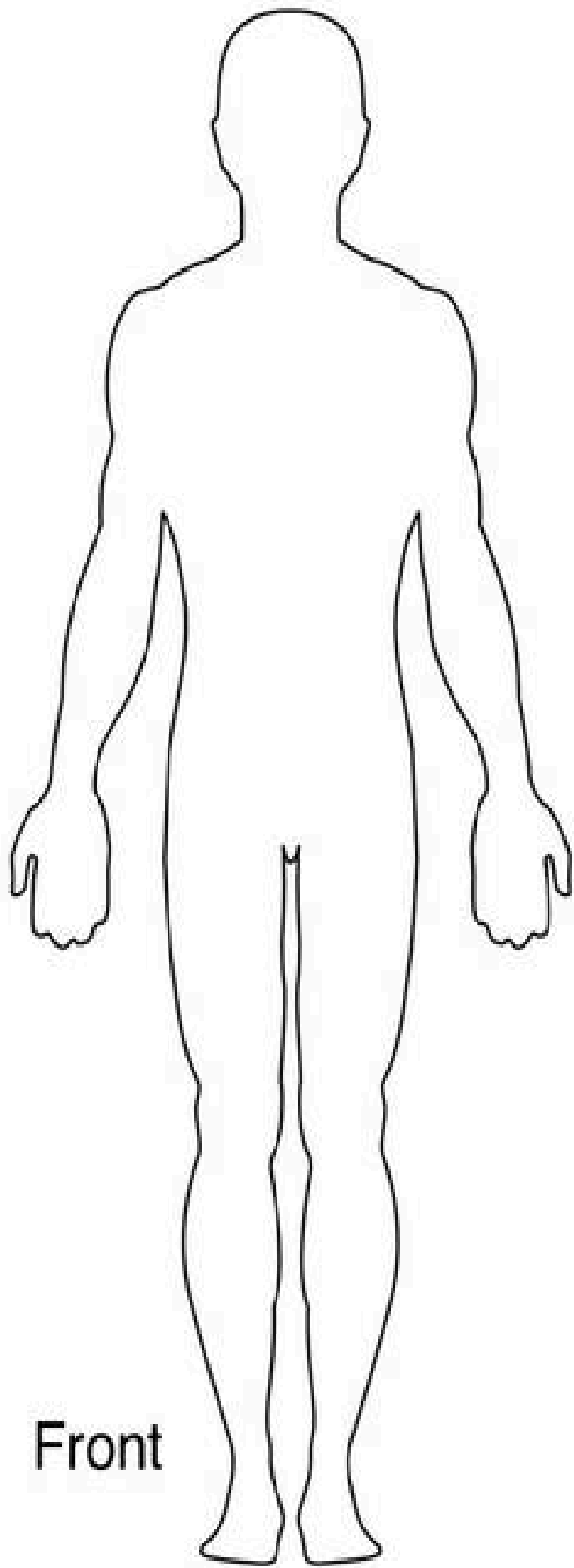
Please talk to the parent/carer about your concern and write their response in this space.

Signed by parent:		Date:	
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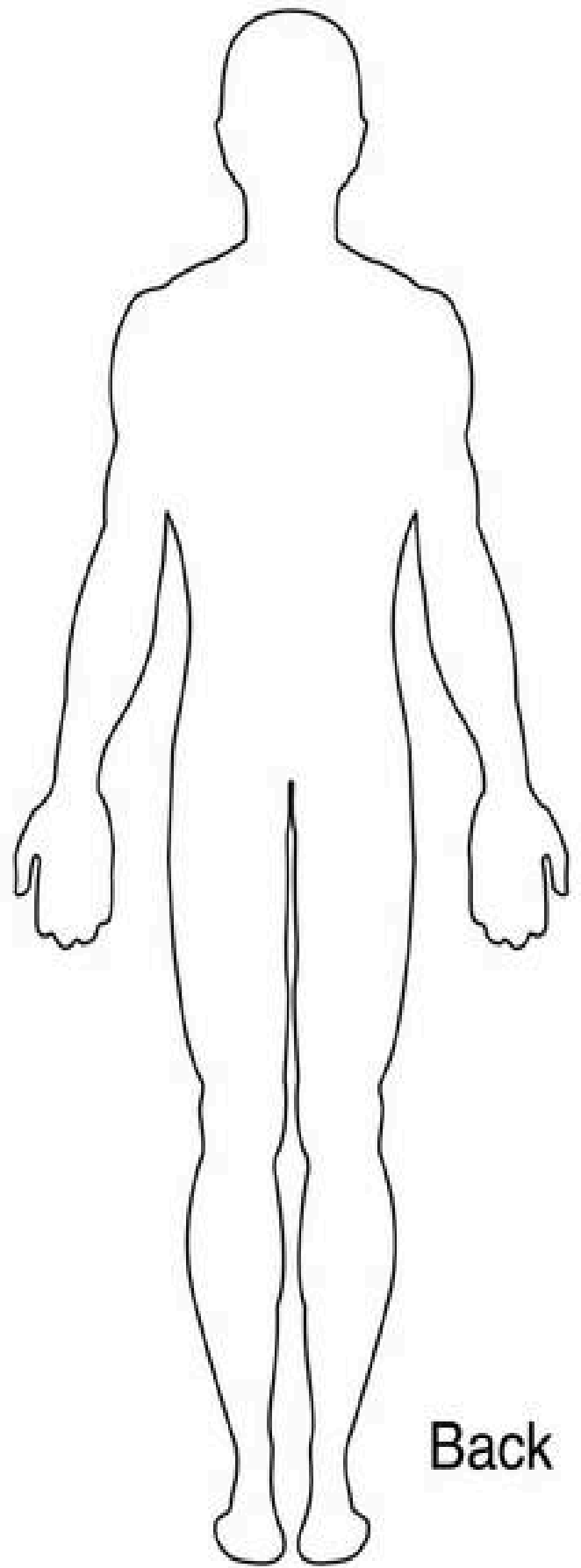
Was medical advice sought?

Named person:	
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Date received:	
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