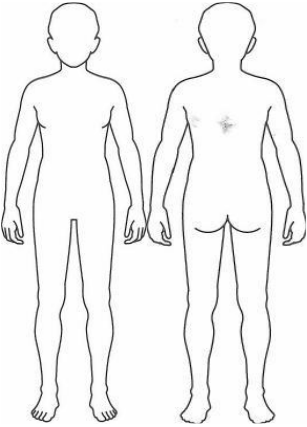




### Existing Injuries Records

Child's Name:	
Time and date of accident/incident:	
Where did the accident/incident happen	
Date and Time teacher notified of accident/incident:	
What happened (how the accident/incident occurred):	
Record of Injury: please mark location on body map 	
Action(s) taken:	
Teacher's signature:	
Date:	
Parent signature:	
Date:	