C

INJURY REPORT

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Name of child: _____

Date: _____

Time: _____

Description of injury:

_____

_____

_____

_____

_____

_____

First aid administered:

_____

_____

_____

_____

_____

_____

Additional treatment administered:

_____

_____

_____

Referred to:

_____

_____

Signature of person administering first aid:

_____