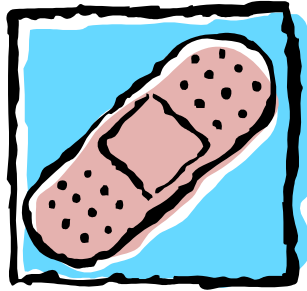


# BOO-BOO REPORT



<b>Name of Child:</b>	<b>Date:</b>
<b>Time of Injury:</b>	<b>Location and type of injury:</b>
<b>How the injury occurred:</b>	
<b>Treatment for Injury was:</b>	
<b>Notification:</b>	<b>Follow-up Care:</b>