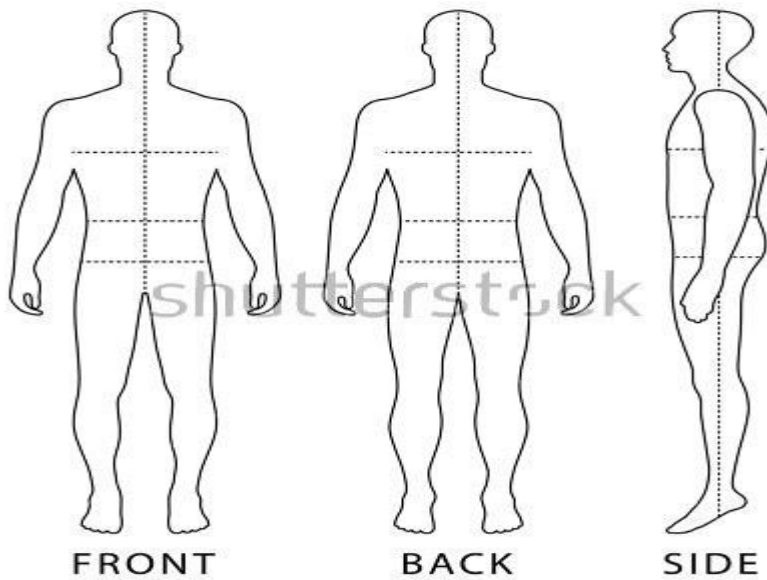


## Injuries Record

Full name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Description of the injury \_\_\_\_\_



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LCS Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date \_\_\_\_\_