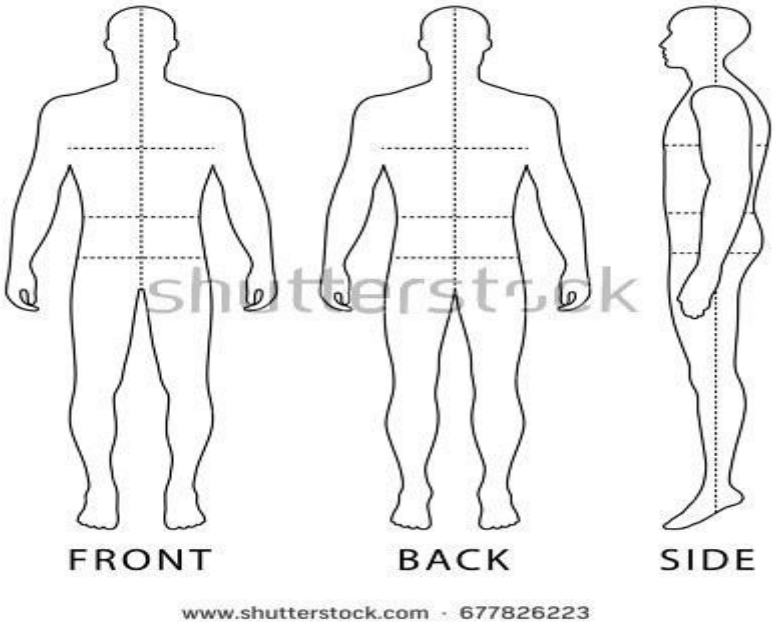
Existing Injuries Record

Full name of child _____

Date of birth _____

Description of the injury _____



LCS Signature: _____ **Date:** _____

Parent's signature: _____ **Date** _____