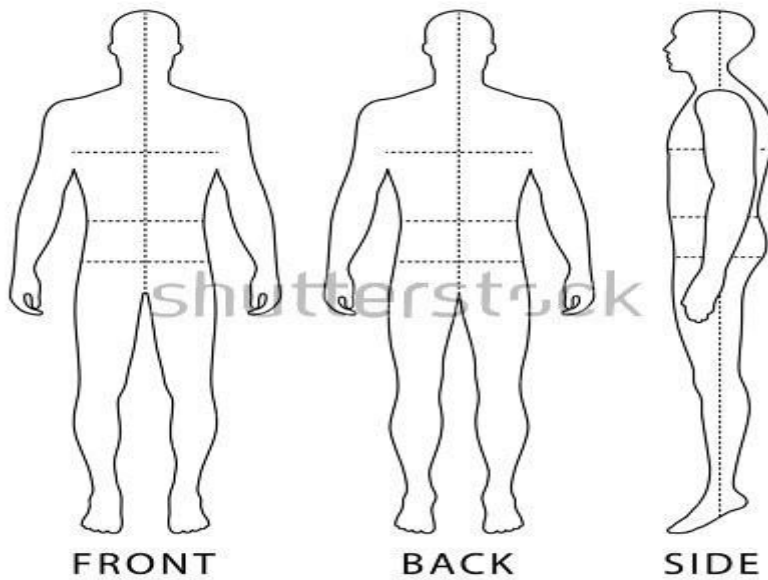


Existing Injuries Record

Full name of child _____

Date of birth _____

Description of the injury _____



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LCS Signature: _____

Date: _____

Parent's signature: _____ Date _____