



# Owie Report

Child's Name \_\_\_\_\_

Date \_\_\_\_\_ and time \_\_\_\_\_ of injury.

How injury occurred: \_\_\_\_\_

\_\_\_\_\_

First Aid used: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_



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Date \_\_\_\_\_ and time \_\_\_\_\_ of injury.

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First Aid used: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_