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| **Parent / Guardian Accident / Incident Report Form** | | |
| Childs Name Date form received | | |
| Where did accident occur | When (date & time) | Who with |
| How it happened | | |
| What was injured and where on the body is the injury? | | |
| Treatment given | | |
| ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ signed print  Relationship to child | | |
| Received by Room Leader | | |

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