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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 printRelationship to child  |
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