

While I was at **Building Blocks...**

Name _____ Date _____



I was... outside inside

Time _____

I got hurt when... _____

I reacted by... _____

I injured my... face/mouth head arms/hand legs/knee torso other

Treatment...

- washed bandage latex gloves worn
- ice pack comfort other

Notified Parents by Call...

- yes no

Additional Comments...

Teacher Signature

Director/Assistant Director Signature

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