

Chinese Baptist Church of San Jose
Injury Report
Minor First Aid Care

Name of child: _____

Class: _____

Date: _____ Time: _____

Injury: _____

Describe care given: _____

Further care needed: (circle one) YES NO

Care was given only for first aid purpose. Kindly consult your doctor, if necessary, for further attention to this injury. If you have any questions, please contact the staff.

Signature: _____

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