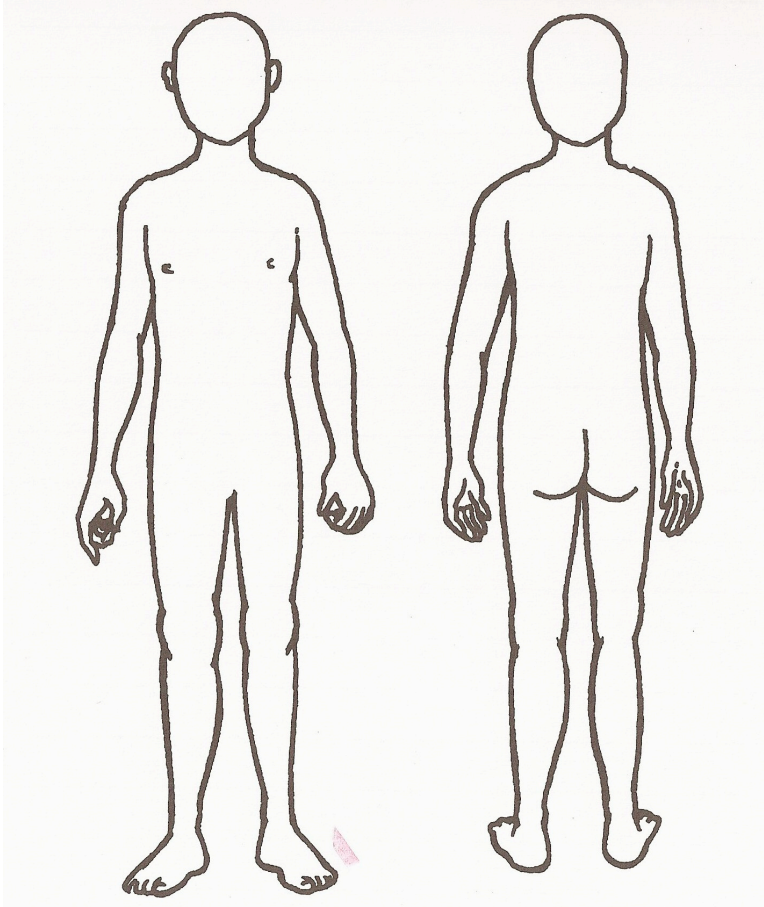


RECORD OF EXISTING INJURY (a copy to be given to the parent)

<p>Child's name:</p>		<p>Body Diagram</p> 	
<p>Cause of injury:</p>			
<p>Description of the injury:</p>			
<p>Practitioner's name & signature:</p>	<p>Date:</p>	<p>Parent's name & signature:</p>	<p>Date:</p>