OUCH REPORT!

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Date:	Time:		Date:	Time:	
Child's first name	Child's last name	_ cried "Ouch!"	Child's first name	cried "Ouch!" Child's last name	
This is what happened:			This is what happened:		
This is how we treated it:			This is how we treate	ed it:	
Location / Room			Location / Room		
Children's Worker(s) Signature(s)			Chil	Children's Worker(s) Signature(s)	
Pai	rent(s) Signature(s)			Parent(s) Signature(s)	
- Church Copy -			- Parent Copy -		