



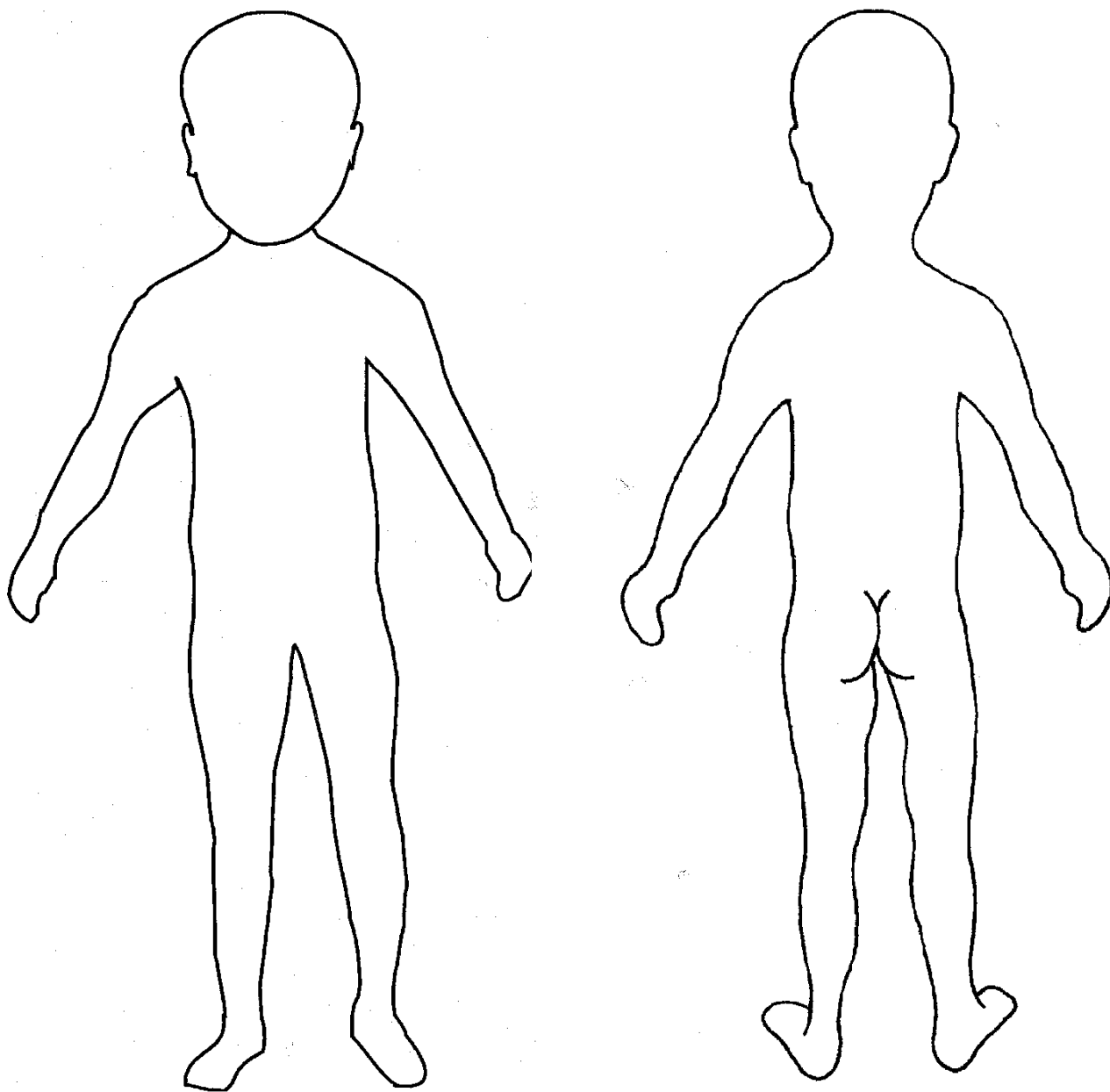
## Accident Form with Body Maps

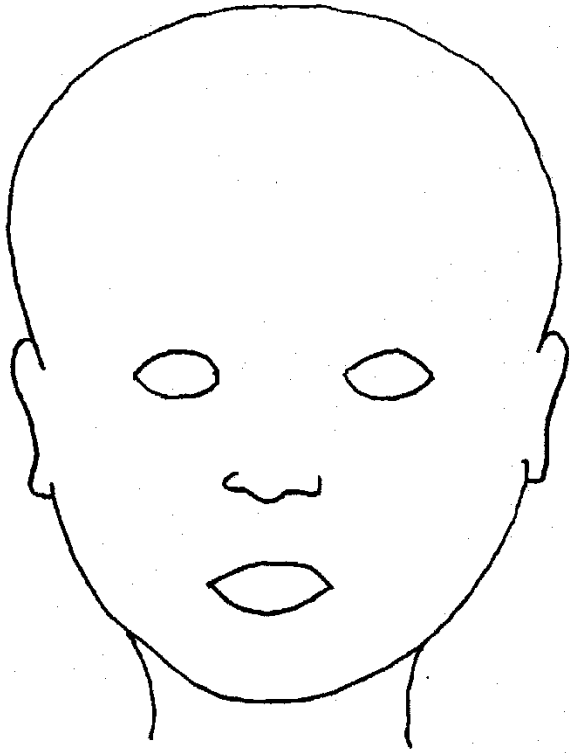
Name of child	
Name of person completing this form	
Date and time of injury	
Where did the injury take place?	
Who was with the child at the time?	
Describe the injury (include location, size and shape, any swelling, blistering or bleeding)	
Is the child in pain?	
Is the child's mobility restricted as a result of the injury?	
What first aid/treatment has been provided	
Is there any follow-up treatment required?	

Please use the Body Maps to document and illustrate the child's physical injuries.

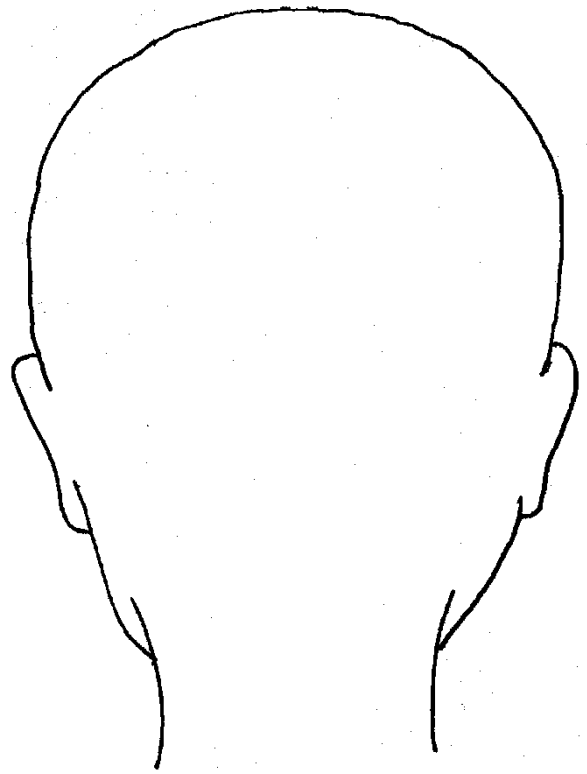
Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

# BODYMAP

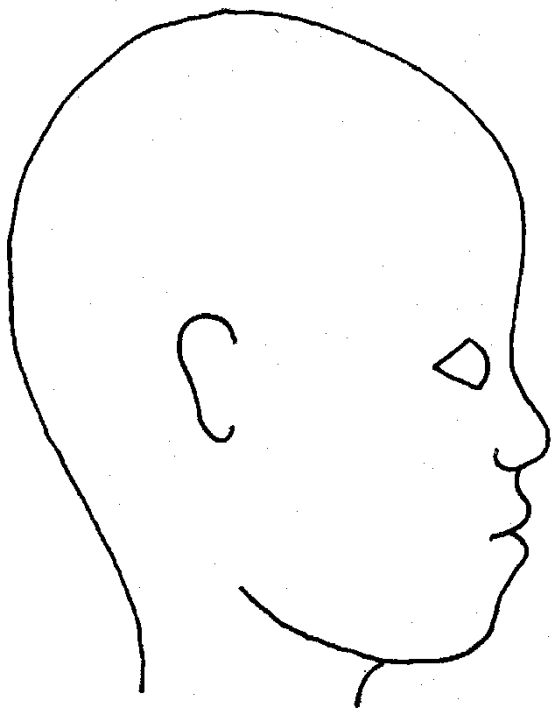




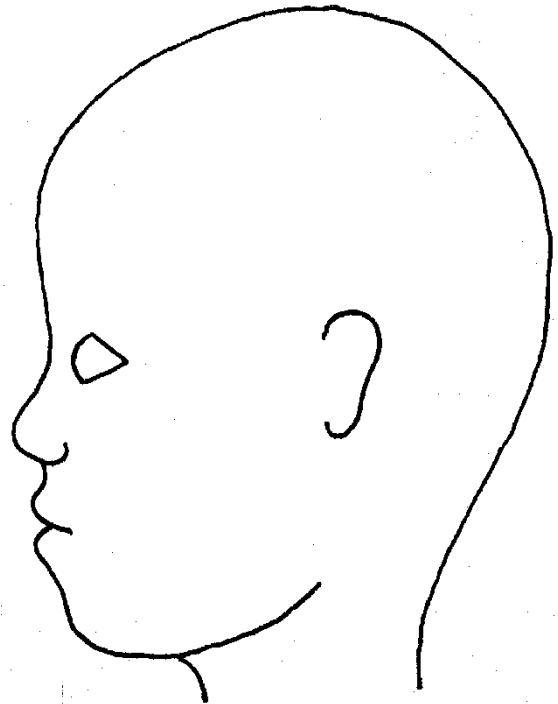
**FRONT**



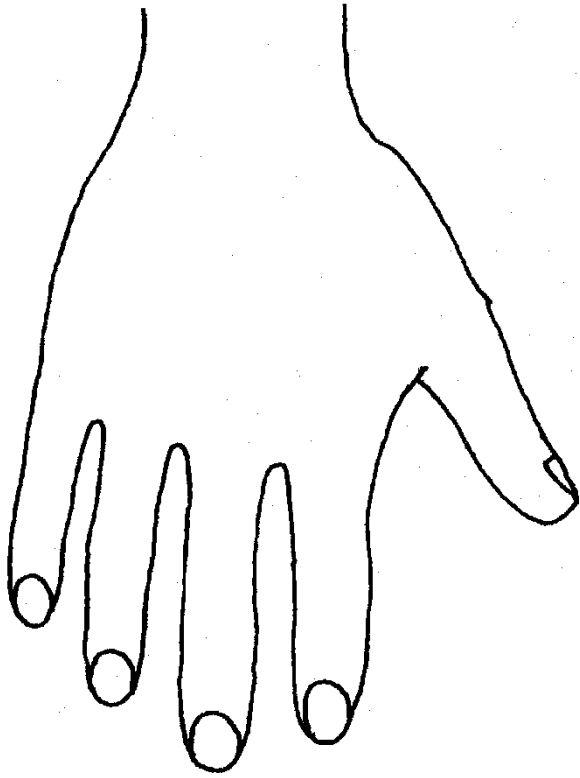
**BACK**



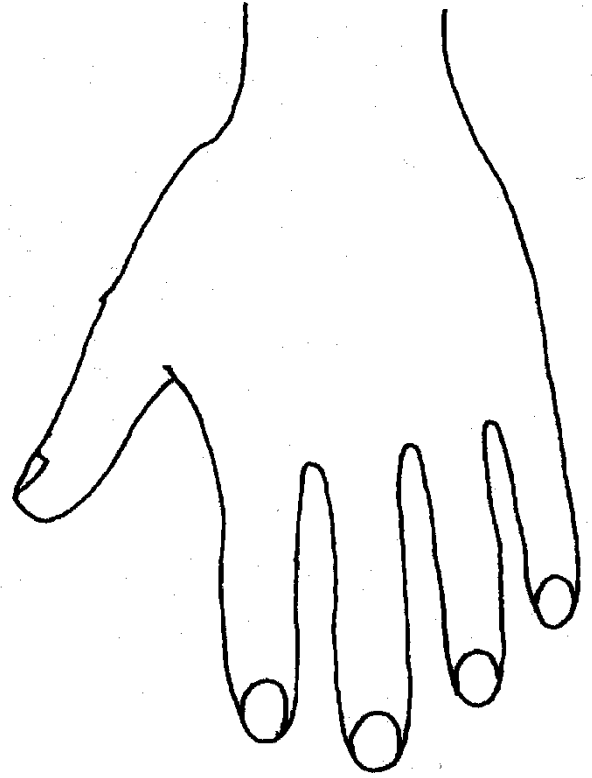
**RIGHT**



**LEFT**

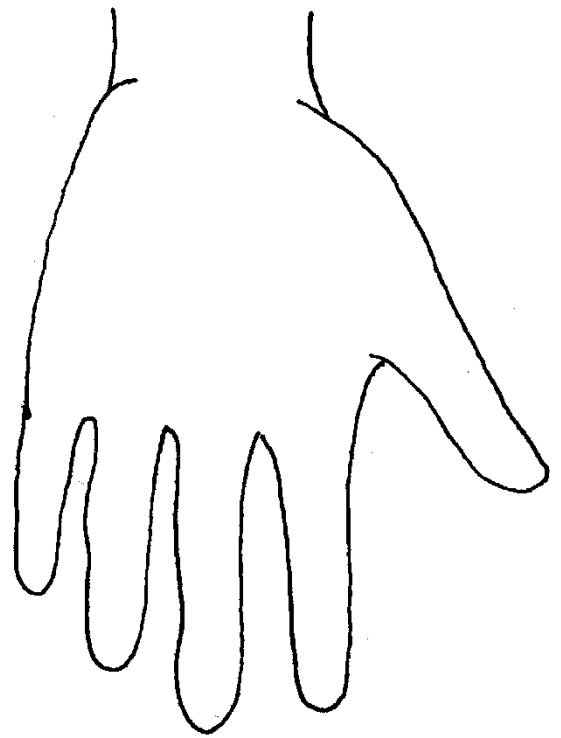
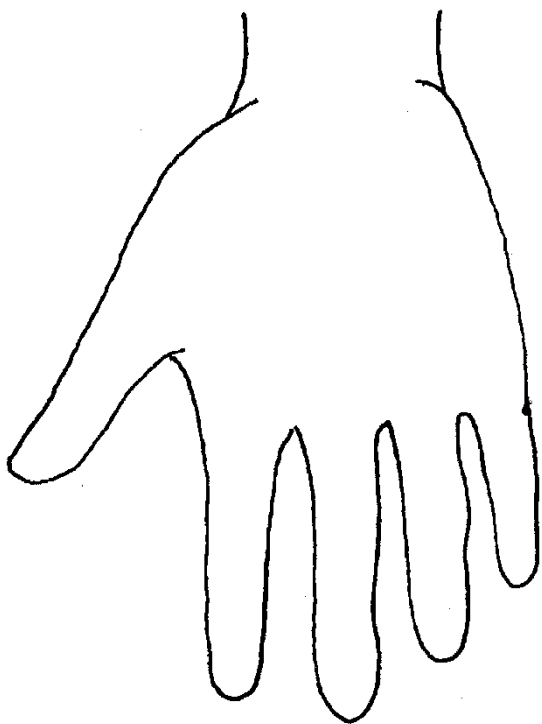


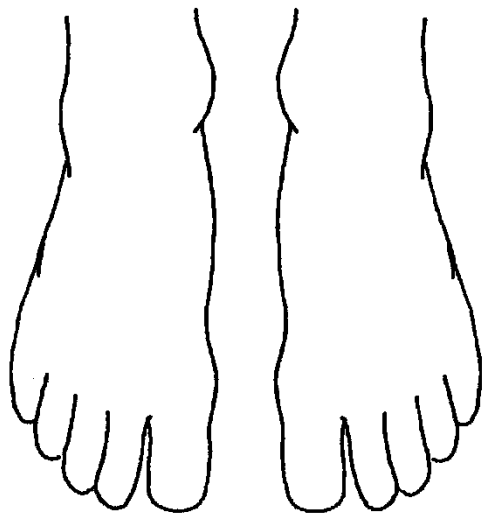
R



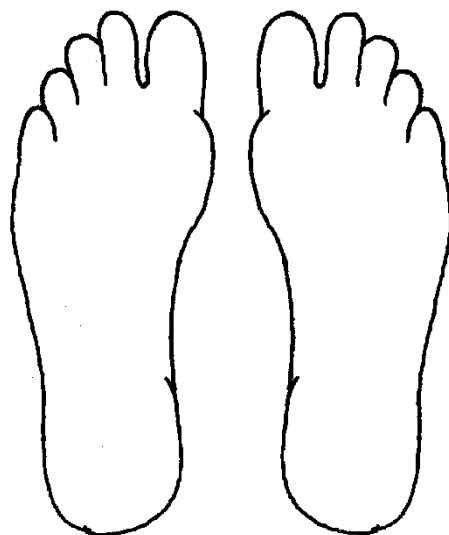
L

**BACK**





R TOP L



R BOTTOM L



R

INNER



L



R

OUTER



L