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| Date | Name of child. | Where did the injury occur? | What was the cause? | What was the severity of each injury?Minor/Medium/Severe | Time the injury occurred. | Who completed the report? | How could each injury be prevented? | Was the Illness/Incident Report filled out completely? |
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3/17/22 P:\HS Files\Admin\Site Supervisors Monitoring\Hazzard Mapping ID and Follow Up

Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor: Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_