

OUCH REPORT



Date : _____

Dear Parent(s)

Your Child _____

Had the following mishap today

Treatment was

If you have any questions, please feel free to ask me or the Director of the school. In the meantime please keep an extra eye on your child.

NAME OF TEACHER (PRINT)

SIGNATURE

ANGELS MONTESSORI PRESCHOOL INC (626) 457-5927

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