



## NAVY EFMP RESPITE CARE Ouch Report

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Brief Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> TLC (consoled child) | <input type="checkbox"/> Rest/Observation | <input type="checkbox"/> Iced for _____ minutes |
| <input type="checkbox"/> Soap and Water       | <input type="checkbox"/> Band-Aid         | <input type="checkbox"/> Other: _____           |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Provider's Name: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

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