UNIVERSITY CHILDREN'S CENTER, UCSB
Accident Report

Child's Name: ____________________________

Date: ____________________ Time: ____________

Describe Injury: ____________________________________________________________

First Aid Administered: __________________________

Blood Exposure: Yes  No
Name of Person Exposed: ____________________________

Person Reporting Injury: ____________________________

<table>
<thead>
<tr>
<th>Medicine Permission Slip</th>
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<tbody>
<tr>
<td><strong>Child's Name</strong></td>
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<tr>
<td>Name</td>
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I hereby authorize the staff of Orfalea Family Children's Center to administer the above medication at the time and dates designated.

Parent Signature: ____________________________ Date: ____________________