YOUTH FLIGHT RECORD OF INJURIES						ALL ENTRIES MUST BE IN INK		OF	PAGES	
PRINCIPLE PURPOSES: This form is to be used as a running log for documenting injuries which may occur to a child in any of the youth flight activities.										
NO.	NAME OF CHILD (PRINT Last, First, Middle Initial)	INJURY OCCURRED			WITNESSED	RECORDED BY STAFF	ED DISCUSSIC WITH		DNS (As required) REPORTED TO SVY OR	
		DATE	TIME	DESCRIPTION OF INCIDENT	BY	SIGNATURE	E DATE	HOSPITAL	OR HIGHER AUTHORITY	
<u> </u>										

ALL ENTRIES MUST BE IN INK							PAGE	OF	PAGES
NO.	NAME OF CHILD (PRINT Last, First, Middle Initial)	INJURY OCCURRED		DESCRIPTION OF INCIDENT	WITNESSED	RECORDED BY STAFF	DISCUSSION WITH PARENT	OTHER ACTIO	ONS <i>(As required)</i> REPORTED TO SVY
		DATE	TIME	DESCRIPTION OF INCIDENT	BY	SIGNATURE	DATE	HOSPITAL	REPORTED TO SVY OR HIGHER AUTHORITY

AF IMT 1023, 19950701, V2 (REVERSE)