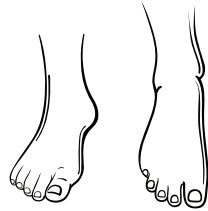
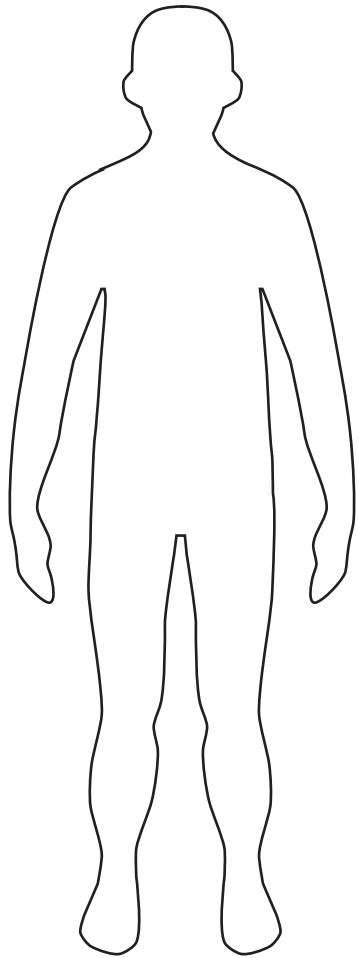


Child Protection Body Map



Name Of Child

.....

Date Of Birth

.....

Name Of Worker

.....

Date Recorded

.....

Observations

.....

.....

.....