

## FIRST AID TREATMENT FORM

**EVENT NAME:** .....

**NAME OF INJURED PERSON**

Christian name(s): .....

Family surname: .....

Adult[] or Child[]

Male[] or Female[]

**DATE AND TIME OF INJURY:** .....

**PRESENTING INJURIES/ILLNESS TREATED:** .....

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**POSSIBLE CAUSE OF INJURY:** .....

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**TREATMENT UNDERTAKEN AND ADVICE GIVEN:** .....

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**WAS THE PERSONS EVENT REGISTRATION FORM CHECKED?** Yes[] or No[]

**IS FURTHER TREATMENT LIKELY?** Yes[] or No[]

**WAS AN AMBULANCE CALLED?** Yes[] or No[]

If Yes, was a parent or Guardian called? Yes[] or No[]

**WERE THERE ANY WITNESSES TO THE INCIDENT?** Yes[] or No[]

If Yes, whom? .....

**WERE THERE ANY OTHER FACTS PERTINENT TO AN INVESTIGATION?** .....

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**NAME OF FIRST AIDER:** .....

Last Revised Feb 2011