**RECORD OF FIRST AID**

This form should only be used for minor first aid e.g., application of a band-aid, ice, splinter removal

For anything more serious it will be necessary to complete an **Incident, Accident, Near Miss report** through Insurances, Church Offices.

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| DATE AND TIME FIRST AID SOUGHT |  |
| LOCATION |  |
| NAME OF PERSONS SEEKING FIRST AID  |  |
| NAME OF ASSISTING PERSONS |  |
| ADDRESS AND PH. NO. OF PERSONS SEEKING FIRST AID |  |
| DEFINE THE NATURE OF ILLNESS/ INJURY AND HOW THEY SAY IT OCCURRED |  |
| DEFINE WHAT FIRST AID/ ASSISTANCE WAS GIVEN |  |
| (If the person is under 18) NAME OF FAMILY MEMBER NOTIFIED | NAME:TIME NOTIFIED: |
| DEFINE REFERRALS FOR FURTHER TREATMENT  | **□**  Tick if 000 Emergency or another helpline was calledTIME NOTIFIED: |
| WHICH FIRST-AID SUPPLIES USED FROM KIT? |  |
| WAS AN INCIDENT / INJURY REPORT FORM COMPLETED? | 🗹 Tick one option:□ Yes □ No. State reason |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **→** PLEASE HAND THE COMPLETED FORM URGENTLY TO A COMMITTEE OF MANAGEMENT MEMBER |

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