

# First Aid Report Form

Date:

Location:

Time:

## Injured / Ill Person's Details

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Past Medical History:      Not Known      Asthma      Cardiac      Diabetic  
 Nil      Epilepsy      Hypertension      Loss of consciousness

Other: \_\_\_\_\_ Medi Alert- What: \_\_\_\_\_

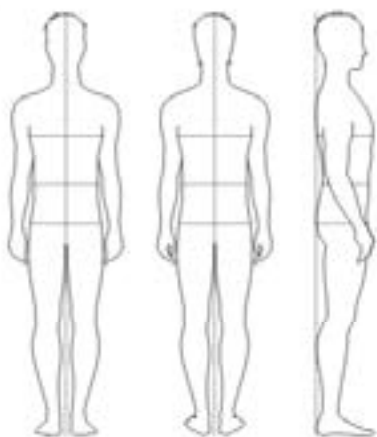
## Incident Details

What Happened:

Time (Specify AM/PM)	Breathing (Rate per minute, depth, noise)	Conscious Level (Reponds to: voice, pain, touch)	Other Observation (Eg. Skin colour, temperature, moisture)

Place an X on the affected body area and CIRCLE the type of Injury below:

- A abrasion
- Bl bleeding
- Bu burns
- C contusion
- D deformity
- F fracture
- L laceration
- P pain
- S swelling
- T tenderness



First aid treatment provided:

Consent for treatment given:    YES    NO

Follow up / Referral:    Ambulance    Hospital    Return to work

Other: \_\_\_\_\_

First Aider's Name and Signature: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Injured / Ill Person's Signature: \_\_\_\_\_ Parent/Guardian name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If student is under 18 years of age parent/guardian must sign above.