First Aid Treatment Record

Record each first aid treatment: who, what happened, injury, treatment given, and whether parents or carers were informed.

Name of injured person *	
Class / department	
Date *	_____ / _____ / _____
Time *	_____ : _____
Location *	
What happened *	
Injury *	
Treatment given *	
Head injury? *	☐ Yes ☐ No
Outcome *	☐ Returned to class / work ☐ Sent home ☐ Hospital / GP advised ☐ Ambulance called
Parent / carer informed	☐ Yes ☐ No ☐ N/A
Time informed	_____ : _____
First aider *	
First aider signature *	

* Required