ADM.53b

FIRST AID TREATMENT RECORD

GIRL GUIDES AUSTRALIA

Participant's Name: _____

Date/Time	Presenting Issue (ie rash/asthma/seizure)	Treatment provided & medication taken (if needed)	Follow-up completed	First Aid provider's initials

Follow up:

If first aid treatment was provided, have the parents/guardians been notified? ☐ No ☐ Yes, indicate when & how: _____

Was an Incident Report (ADM.24) completed? ☐ No ☐ Yes, completed on: _____ Submitted to: _____

Name of First Aider: _____ Signature: _____

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.