

FIRST AID REPORT FORM



This form is to be used by Woodcraft Folk leaders and helpers to report any first aid or medical treatment given to children and young people during Woodcraft activities e.g. group nights, camps, play days.

When completed, this form should be given to the parent/carer of the child treated.

Details of the accident and treatment given should also be logged in the group's accident/incident book, and may also need to be shared with the venue manager.

A. DETAILS OF INJURED OR SICK PERSON

Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
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B. DETAILS OF ATTENDANCE

Date:	Time (use 24hr clock) :
Location:	Venue owner:

C. DETAILS OF TREATMENT

What happened? Nature & extent of injuries	<i>Give a brief outline of what led up to/caused the incident and the nature of illness/type of injury e.g. fell on stairs – twisted right ankle; taken ill – felt faint.</i>
Treatment given by whom: (tick all relevant) <input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Own Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Woodcraft First Aider	<i>Give full details of treatment e.g. cold compress, splint, clean wound (continue overleaf if necessary)</i>
Advice / recommendations given:	
First Aider (print and sign name)	
Date:	Contact details