ASD-W
Anglophone School District West

POLICY NO. ASD-W-704-3B
Effective August 2017

FIRST AID
APPENDIX B – WRITTEN RECORD OF FIRST AID ADMINISTERED

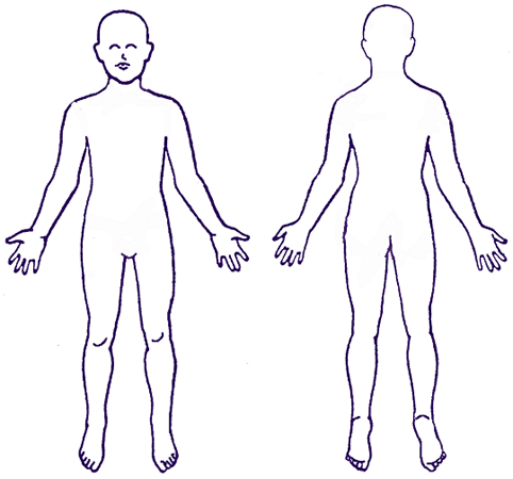
Name of treating person	**Location**	**Date**	**Time (24 Hour Clock)**
Surname	**Given name**	**Date**	**Gender** M / F
Address			
Phone Number (home)	**Phone Number (mobile)**		
☐ **Consent to treatment** ☐ **Refusal of treatment**	**Casualty Signature:**		
History of accident or illness: (what happened?)			
First aid assessment: (What is the injury/illness?)			

Time it occurred:

General Observations (Insert Bold Number)							
Conscious State 1. Alert 2. Verbal 3. Pain 4. Unresponsive							
Pulse Rate							
Respiration Rate							
Skin 1. Hot 2. Warm 3. Cool 4. Cold							
Pupils (Y/N)		R	L	R	L	R	L
	Reactive						
	Equal						

Assessment Injuries / Symptoms & Signs

Abrasion Discolouration Pain
Bleeding Fracture (?) Sprain
Burn Laceration Swelling
Contusion Tenderness



R **L** **L** **R**

Allergies/ Medications/Past Medical History:	
Treatment:	

Hospital (Own Transport)	☐	Time of call:
Ambulance	☐	Who called: Time arrived:
Other (e.g. Police, Security)	☐	Time of Departure to Hospital:
	☐	Time of Ambulance Arrival:

First Aider (Print Name):	Date:
Signature:	Time: