First Aid Treatment Record

Name of injured person: (Obtain permission of the person requiring assistance. If the person is reluctant to disclose their details: provide a basic description e.g., staff member, student, sex, approximate age)	Student/Student ID	Nature of Injury/Illness	Cause of Injury	Treatment	Do any first aid kits need restocking?
Name of First Aid Officer:		Date:	Location/Site:		

Please encourage the impacted person to log work and learning-related incidents and injuries in riskware.

Visit Service Central and upload the completed First Aid Treatment Record