**RECORD OF FIRST AID**

It is Church policy **not** to render first aid where it is more appropriate for a paramedic to provide treatment, or if medication may be involved. In these cases, an Ambulance should be called or the person referred to a doctor or hospital.

If an item from the Church first-aid kit is sought, it should be offered but if possible not applied or administered by a member.

If the injury arose from an incident or injury within the bounds of or the responsibility of the church, the member will also be required to complete an **INCIDENT AND INJURY REPORT FORM**

|  |  |
| --- | --- |
| DATE AND TIME WHEN FIRST AID SOUGHT  |  |
| LOCATION |  |
| NAME OF ASSISTING PERSON/S |  |
| NAME OF PERSON/S SEEKING FIRST AID |  |
| ADDRESS AND PH NO. OF PERSON/S SEEKING AID |  |
| DEFINE THE NATURE ILLNESS/INJURY, AND HOW THEY SAY IT OCCURRED | Is the injury considered to be **□** Minor **□** Significant **□** Serious |
| DEFINE WHAT FIRST AID/ASSISTANCE WAS GIVEN |  |
| (If the person is under 18) NAME OF FAMILY MEMBER NOTIFIED | TIME NOTIFIED: |
| DEFINE REFERRALS FOR FURTHER TREATMENT | **□** Tick 🗹 if 000 Emergency or other helpline was calledTIME NOTIFIED: |
| WHICH FIRST-AID SUPPLIES USED FROM KIT? |  |
| WAS AN INCIDENT/INJURY REPORT FORM COMPLETED? | 🗹 Tick one option□ Yes □ No. State reason:  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🢂 PLEASE HAND THE COMPLETED FORM URGENTLY TO THE SITE MANAGER OF A COMMITTEE MEMBER