



FIRST AID RECORD

Sequence Number: _____
 School Board Office use only

THIS FORM IS TO BE COMPLETED BY THE FIRST AID ATTENDANT AND FAXED TO THE MANAGER, HUMAN RESOURCES/HEALTH AND SAFETY, SD 63 (SAANICH), AT 250-652-7372

General Information	
Name	Occupation
School/Location	
Date (yyyy-mm-dd)	Time (hh:mm) a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Initial reporting date and time (yyyy-mm-dd)	Follow-up report date and time (yyyy-mm-dd)
Initial report sequence number	Subsequent report sequence number(s)
Description of how the injury, exposure, or illness occurred (What happened?)	
Description of the nature of the injury, exposure, or illness (What you see – signs and symptoms)	
Description of the Treatment Given (What did you do?)	
Name of Witnesses	
1)	2)
Arrangements Made Relating to Worker (return to work/medical aid/ambulance/follow-up)	
Provided worker handout Yes <input type="checkbox"/> No <input type="checkbox"/> Alternate duty options were discussed Yes <input type="checkbox"/> No <input type="checkbox"/>	A form to assist in return to work and follow-up was sent with the worker to medical aid Yes <input type="checkbox"/> No <input type="checkbox"/>
First Aid Attendant's Name (please print)	First Aid Attendant's signature
Patient's signature	