First Aid Report

Date: / / Time: : am pm

Victim’s name: ___________________________ male female Age: _____

Victim’s phone number: (______) -

Your name: _____________________________

Your phone number: (______) - Signature: ____________________________

Consent for first aid:
- Yes
- No
- Guardian consented
- Unconscious
- Minor without guardian

Contacted EMS: yes no Time: : am pm

Contacted other service: yes no Time: : am pm

What service? __________________________ (______) -

Description of accident/injury:

Remember:
- Area (gloves on!)
- Awake
- Ambulance
- Airway
- Breathing
- Circulation
- Deadly bleeding
- Escaping Air
- Secondary assessment

Description of first aid given:

Follow-up? yes no

If yes, detail: ________________________________