

# First Aid Treatment Register

<b>Date and Time:</b>
<b>Name:</b>
<b>First Aid Attendant:</b>
<b>Witness/ 1st on scene:</b>
<b>Nature of injury:</b>
<b>Location injury sustained:</b>
<b>Action/ Treatment:</b>
<b>Ambulance required? Yes / No</b>
<b>Signature of First Aid</b>