# FIRST AID TREATMENT RECORD
# ADM. 53b

GIRL GUIDES AUSTRALIA

***This form needs to be completed when a Member requires first aid treatment.***

## 1 PARTICIPANT'S DETAILS

| Participant's Name | DOB | Membership No. |
|---|---|---|
| | | |

## 2 MEDICATION DETAILS

| Date/Time | Presenting Issue (ie rash/asthma/seizure) | Treatment provided & medication taken (if needed) | Follow-up completed | First Aid provider's initials |
|---|---|---|---|---|
| | | | | |
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## 3 FOLLOW UP

**If first aid treatment was provided, have the parents/guardians been notified?** ☐ **NO** ☐ **YES** › *Indicate when & how:*

**Was a Girl Guide Incident Report completed?** ☐ **NO** ☐ **YES** › *Completed on:* *Submitted to:*

| Name of First Aider | Signature | Date |
|---|---|---|
| | | |

**If a Girl Guide Incident report was completed please attach a copy of this first aid treatment record.**

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