

FIRST AID/MEDICAL ATTENTION

PART A FIRST AIDER/PERSON RESPONDING TO REPORTED ILLNESS OR INJURY

DATE & TIME:	NAME OF PERSON REQUIRING FIRST AID:	TUTOR GROUP:
What has been reported?		
Apparent injury/illness:		
Treatment given:		
Is further action/medical advice needed? yes/no send home/ambulance/ask parents or carers to seek medical advice		
Does this need to be referred for further investigation? yes/no		
If so, to whom? Tutor/Learning Leader/SLT/SBM		
Staff name:	Signed:	
PART B - RECEPTIONIST		
PARENTS/CARERS INFORMED BY:	REFERRED TO:	
Telephone/letter/in person	Tutor/Learning Leader/SLT/not necessary	
Staff name:	Signed:	Date: