

FIRST AID /MEDICAL ATTENTION/ILLNESS

PART A FIRST AIDER

DATE & TIME:

NAME OF PERSON REQUIRING
FIRST AID:

TUTOR GROUP:

What illness/injury has been reported?

Apparent injury/illness:

Treatment given:

Is further medical advice needed for this injury/illness? yes/no

If so give reason:

What further support is required?

ambulance/ask parents or carers to seek medical advice/go home

Does the Incident leading up to this injury/illness need to be referred for further investigation? yes/no

If so, to whom?

Tutor/Learning Leader/ SBM

Staff administering first aid

Print name:

Signed:

PART B – RECEPTIONIST

PARENTS/CARERS INFORMED BY:

REFERRED TO:

Telephone/letter/in person

Tutor/Learning Leader/SBM/Not necessary

Staff name:

Signed:

Date:

Part C – Wellbeing Lead/SLT check

Staff Name:

Signed:

Date: