Girl Guides of Canada Guides du Canada

H.4

FIRST AID TREATMENT RECORD

The information on this form may be used by GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.

Participant's name _____

Date/Time	Nature of Complaint	Treatment Provided	Follow-up Done	Participant's Initial	First Aid Provider's Initial

Follow up:

1. If first aid treatment was provided, have the parent(s)/guardian(s) been notified? ☐ No ☐ Yes, indicate when and how: _____

2. Was an Incident Report (INS.01) completed? ☐ No ☐ Yes If yes, INS.01 completed on _____ and submitted to: _____

Name of first aider:_____ Signature: _____Participant's name: _____