First Aid Report

Date: / / Time: : *am* *pm*

Victim's name: *male* *female* Age:

Victim's phone number: ( ) -

Your name:

Your phone number: ( ) - Signature:

	Consent for first aid:
	Yes
	No
	Guardian consented
	Unconscious
	Minor without guardian

Contacted EMS: *yes* *no* Time: : *am* *pm*

Contacted other service: *yes* *no* Time: : *am* *pm*

What service? ( ) -

Description of accident/injury:	Remember:
	Area (gloves on!) **A**wake **A**mbulance **A**irway **B**reathing **C**irculation **D**eadly bleeding **E**scaping Air Secondary assessment

Description of first aid given:

Follow-up? *yes* *no*

If yes, detail: