

ADMINISTRATIVE PROCEDURES

AP 4201 Appendix B: First Aid Treatment Log

Site Location _____

Date DD-MM-YYYY	Time	Name of injured	Location of Incident	Description of injury	Treatment	First Aid Attendant

Students: Guardian Notified- Y / N, time-_____ SPP Submission complete- Y / N **Staff:** Supervisor notified- Y / N Form 6A complete- Y / N

Date DD-MM-YYYY	Time	Name of injured	Location of Incident	Description of injury	Treatment	First Aid Attendant

Students: Guardian Notified- Y / N, time-_____ SPP Submission complete- Y / N **Staff:** Supervisor notified- Y / N Form 6A complete- Y / N

Date DD-MM-YYYY	Time	Name of injured	Location of Incident	Description of injury	Treatment	First Aid Attendant

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