First Aid Form – School and Parent Record

Holy Trinity Catholic Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

Student Name: _____

Class: _____ Date: _____ Time: _____

Staff Member's Name: _____

Location with the school: _____

Does the student have a medical plan? Y/N

If yes, please consult the **Special Health Needs Booklet** _____

The student received first aid attention for the following reason

☐	Insect Sting or bite	☐	Received knock/blow to the head
☐	Vomiting	☐	Heavy knock or bruising to body
☐	Complained of abdominal pain	☐	Received cut/abrasion which caused distress
☐	Complained of earache	☐	Complained of headache
☐	Bad cold	☐	Complained of toothache
☐	Persistent cough	☐	Complained of chest pain
☐	Had an asthma attack	☐	Suffered from diarrhoea
☐	Had rash/sores	☐	Nosebleed
☐	High temperature	☐	Complained of sore throat
☐	Other reason:		

The student received the following treatment

☐	Received First Aid at school	☐	Parent/carer contacted by telephone
☐	Allowed to rest and returned to class	☐	Attempted to contact parent/carer (message left)
☐	Taken to outpatients at local hospital	☐	Collected by parent/carer
☐	Ambulance called		

Additional comments, e.g. witnesses to incident etc:

_____

_____

Name: _____

Date and Time: _____ Signed: _____

Copy for Parent and original to be kept at school on file.